



**Belonging Network**  
PERSONAL INFORMATION COMPLAINT FORM

**This form must be completed in full and mailed to:**

**Privacy Officer**

Belonging Network  
408-602 West Hastings Street, Vancouver BC V6B 1P2

DATE (dd/mm/yy):

**COMPLAINANT PERSONAL INFORMATION**

Last name:	First name:
Address:	
Phone:	

**DETAILS OF THE COMPLAINT**

I have reason to believe that [organization's name] has inappropriately (choose as many as apply):

- collected my personal information
- used my personal information
- disclosed my personal information
- disposed of my personal information
- denied access to my personal information
- denied my request to correct my personal information
- denied another privacy right (provide details below)

[organization's name] Privacy Policies and Procedures violate the law.

Details:  
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Please suggest to the **BN** how your privacy complaint may best be addressed.

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**COMPLAINANT SIGNATURE**

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Are you acting on behalf of another person?  Yes  No

If so, please attach either

- a) that person’s signed consent for disclosure, or
- b) a proof of authority to act on that person’s behalf

If you have any questions, please contact BN at 604-320-7330 or via e-mail [privacy\\_officer@belongingnetwork.com](mailto:privacy_officer@belongingnetwork.com)

<b>FOR BN USE ONLY</b>	
File #:	Date received (dd/mm/yyyy):

**PRIVACY STATEMENT**

The personal information you provide in this form is collected in compliance with BN privacy policy. BN will keep your personal information confidential and will use it exclusively for investigation purposes. If you have any questions, please contact our Privacy Officer at 604-320-7330 or [privacy\\_officer@belongingnetwork.com](mailto:privacy_officer@belongingnetwork.com)