



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 Belonging Network 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)
- Belonging Network Privacy Policies and Procedures violate the law.

Details:
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