

## Privacy Complaint Report For Use by the Public

CH 502 (R2025-01)

## Mail or Deliver Request during business hours to:

FOIP Coordinator Calgary Housing 200, 2535 – 3<sup>rd</sup> Ave SE Calgary, Alberta T2A 7W5

Or email: <a href="mailto:chfoip@calgary.ca">chfoip@calgary.ca</a>

The personal information collected on this form (including attachments) is pursuant to Section 33(c) of the *Freedom of Information and Protection of Privacy* Act. The information will be used to investigate the privacy complaint you have reported and for Calgary Housing to contact you with any questions during the investigation. The information may also be used for statistical purposes. It may not be possible to investigate your privacy complaint without sharing your name and details of the complaint with relevant Calgary Housing staff. If you have questions regarding the collection, use, and disclosure of personal information provided on this form, please contact the FOIP Coordinator at 368-886-3165; or email <a href="mailto:chfoip@calgary.ca">chfoip@calgary.ca</a>, or at Calgary Housing at 200, 2535 3rd Ave SE, Calgary, AB T2A 7W5.

| Report Date (YYYY/MM/DD)                                                                                                                                                                                                                                                              |                                    |                        | File # (For office use only) |                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------|------------------------------|----------------------|--|
| Contact Information                                                                                                                                                                                                                                                                   |                                    |                        |                              |                      |  |
| Name                                                                                                                                                                                                                                                                                  |                                    | Phone Number           |                              |                      |  |
| Address                                                                                                                                                                                                                                                                               |                                    |                        |                              |                      |  |
| City                                                                                                                                                                                                                                                                                  |                                    | Province               |                              | Postal Code          |  |
| Do you consent to receiving all future correspondences via email?                                                                                                                                                                                                                     |                                    |                        |                              |                      |  |
| Incident Description                                                                                                                                                                                                                                                                  |                                    |                        |                              |                      |  |
| Type of Complaint:  Unauthorized access to your personal info Unauthorized collection of your personal ir Unauthorized disclosure of your personal in Unauthorized use of your personal informat Please provide as much information about the witnesses, and details of the incident. | nformation<br>Information<br>ation | ble. E.g. time of inci | dent, Job Title of emplo     | yee(s) involved, any |  |

ISC: Confidential

| Personal Information Involved                                                                                                                                                                                               |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| Describe the personal information involved (please check box)  Name Identifying Feature (e.g. ethnicity, age, sex) Identifying Number (e.g. SIN, AHN) Financial Information Medical Information Other Information (specify) |  |  |  |  |
| Notification                                                                                                                                                                                                                |  |  |  |  |
| Have you notified anyone else of this incident yet?   Yes  No If yes, whom?                                                                                                                                                 |  |  |  |  |
| Attachments                                                                                                                                                                                                                 |  |  |  |  |
| Please provide any evidence you have to assist with Calgary Housing's investigation (e.g. screenshot, paper materials, email message)                                                                                       |  |  |  |  |
| Contact Us                                                                                                                                                                                                                  |  |  |  |  |
| For general questions, please call the FOIP Coordinator at 368-886-3165 or email at <a href="mailto:chfoip@calgary.ca">chfoip@calgary.ca</a>                                                                                |  |  |  |  |