





Contact: Privacy Officer

Nova Scotia Provincial Blood Coordinating Program

7-130 Centennial Building 1276 South Park Street Halifax, NS B3H 2Y9

Phone: (902)473-2121 Fax: (902) 473-2589

E-mail: nspbcp@cdha.nshealth.ca

Privacy Complaint Form

Complete this form to make a complaint about how your personal information is dealt with by the Nova Scotia Provincial Blood Coordinating Program.

Give as much information as possible about your complaint as far as it concerns you. Add more pages if you need more space to complete this form. If you are not sure about anything, please contact our Privacy Officer at (902)473-2121 or by email the Privacy Officer at nspbcp@cdha.nshealth.ca

COMPLAINANT'S FULL NAME			
LAST NAME	FIRST NAME		MIDDLE INITIAL
How would you like us to contac	t you?		
(Please only give the information that y	ou would like us to use to	contact you)	
By Mail:			
Mailing address:			
CITY:	PROVINCE:	Postal Cod	E:
By Phone, fax, and/or email:			
CONTACT PHONE NO: ()	□ Home □ W	ORK 🗆 CELL 🗆 PA	GER (#:)
ALTERNATE PHONE NO: ()	□ HOME □ W	ORK □ CELL □ P	4GER (#:)
Fax No: ()	_ EMAIL ADDRESS:		
	(Provide only if yo	u prefer to receive co	mmunication by emai



Your Signature

Privacy Complaint Form version 2 – 01/2010



Details of your privacy complaint:

Please provide a detailed description of the privacy complaint, include: 1. what the complaint is about, 4. how the situation happened, 2. when the situation occurred, 5. where the situation happened, and 3. who was involved, 6. why you are concerned. If you have had any previous contact with the Program about this complaint, please provide details including copies of any letters or emails. **Information about the Privacy Complaint Process** For more information about the Nova Scotia Provincial Blood Coordinating Program's processes, please contact our office at (902) 473-2121 or visit our web site at www.gov.ns.ca/health/nspbcp

(Signature of person submitting form or staff member recording the complaint.)

Date