**Privacy Complaint Form**

Use this form if you want to make a complaint under the [*Information Privacy Act 2009*](https://www.legislation.qld.gov.au/view/pdf/inforce/current/act-2009-014) about how your personal information has been handled by the Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism (the department).

**What is a privacy complaint?**

A privacy complaint is a complaint about how your personal information has been collected, managed, used or disclosed by the department.

Personal information means information or an opinion about an identified individual or an individual who is reasonably identifiable from the information or opinion–

(a) whether the information or opinion is true or not; and

(b) whether the information or opinion is recorded in a material form or not.

*(Section 12,* [*Information Privacy Act 2009*](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-014)).

**Can I make a complaint on behalf of someone else?**

You can make a privacy complaint about how the department has handled *your own* personal information. If you contact us with a concern about how the department has handled the personal information of another person, we will assess the information you provide but may not be able to provide you with any feedback.

Privacy complaints can also be made by:

* parents on behalf of their children
* authorised representatives.

If you are acting for someone else, we will need evidence of your identity and your authority to act before we can give you any feedback.

**Need help or advice about your complaint?**

If you need advice about privacy concerns, please email the Manager, Governance, Planning and Reporting during office hours at [privacy@dsdsatsip.qld.gov.au](mailto:privacy@dsdsatsip.qld.gov.au).

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| **Privacy notice:**  The Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism, is committed to handling your personal information in accordance with the [*Information Privacy Act 2009* (Qld)](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-014) and the Queensland Privacy Principles (QPPs).  QPP 5 – Notification of the collection of personal information, obliges us to advise you of certain matters when collecting your personal information. This collection notice sets out those matters, and explains how we will manage the collection, use, disclosure and storage of your personal information.  The information collected is necessary to assess and manage your complaint  Your personal information has been collected under authority of [*Information Privacy Act 2009* (Qld)](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2009-014).  If you choose not to provide your name and contact details it may prevent or reduce our ability to respond to your complaint.  We have collected your personal information through this form to appropriately manage and investigate your complaint. We may also request additional information if necessary to support the investigation.  • Your personal information will not be disclosed to any other agency. Should it become necessary to disclose your information to another agency, you will be notified.  • Your personal information will not be disclosed outside of Australia. Should it become necessary to disclose your information outside of Australia, you will be notified.  Our [privacy policy](https://dwatsipm.govnet.qld.gov.au/_media/documents/about-us/information-privacy/information-privacy-policy.docx) explains how you may request access to, and/or correction of, your personal information. Our policy also explains how you can complain to us if you consider we have breached our obligations to manage your personal information in accordance with the QPPs, and how we deal with privacy complaints.  If you have questions regarding how your personal information will be handled contact us at: [privacy@dsdsatsip.qld.gov.au](mailto:privacy@dsdsatsip.qld.gov.au). |
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| **1. Complainant’s details** | | | | |
| **Given name(s):** |  | **Family name:** | |  |
| **Address:** |  | | | |
| **Email:** |  | | | |
| **Daytime telephone:** |  | **Other telephone:** |  | |
| **Preferred method of communication** | Phone | Email | Post | |

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| **2. Complainant’s authorised representative’s details (complete only if relevant)**  If you are acting for someone else, you must provide evidence of your authority to act, evidence of your identity and evidence of the complainant’s identity (e.g. your driver’s licence and your infant child’s birth certificate). | | | | |
| **Given name(s):** |  | | **Family name:** |  |
| **Organisation:** |  | | | |
| **Address:** |  | | | |
| **Email:** |  | | | |
| **In what capacity are you authorised to act for the complainant?** | | Parent of a child under 18 years  Guardian  Legal representative  Power of Attorney  Support service  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

| **3. How do you believe that your privacy has been breached?**  Please describe the conduct by the department you wish to complain about. We need to know what it has done, when the incident occurred, who was involved and how you believe your privacy was breached*.* |
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| **When did it occur?** |
| **What happened?** |
| **Who was responsible?** |
| **Where did it happen?** |

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| **4. What impact has the privacy breach had on you?** |
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| **5. What outcome are you seeking?** |
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| **6. Signature and declaration** | |
| **I declare that:**   * the information provided in this form is complete and correct * I have read the privacy notice * where applicable, I have attached documents required for the purpose of this complaint (e.g. evidence of identity, or authorisation to act on another person’s behalf). | |
| **Complainant’s signature**  *(or signature of authorised representative)* |  |
| **Date:** |  |

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| **7. Documents** |
| Please provide copies of any documents that you think might help us look into your complaint (for example, letters or emails to or from the department).  If you are making a complaint on behalf of another person, when you submit this form, please include a certified copy of your authority to act for the person for whom you are making the complaint, and evidence of your identity and that of the person for whom you are acting. If you have any queries about what is sufficient evidence of your identity or your authority to act, please email the Manager, Governance, Planning and Reporting at [privacy@dsdsatsip.qld.gov.au](mailto:privacy@dsdsatsip.qld.gov.au). |

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| **8. Submitting this form** |
| Please send the completed form and any relevant documents to [privacy@dsdsatsip.qld.gov.au](mailto:privacy@dsdsatsip.qld.gov.au)  or  Manager, Governance, Planning and Reporting  Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism  PO Box 806  Brisbane QLD 4001 |