

Privacy Investigation Form (Internal Review Application)

Please complete this form to apply for a review of conduct under (please select one):

Privacy and Personal Information Protection Act 1998

Health Records and Information Privacy Act 2002

Both / Unsure

If you need help in filling out this form, please contact Port Authority's Privacy Coordinator on (02) 9296 4999 or access2info@portauthoritynsw.com.au or visit the Information & Privacy Commission website at ipc.nsw.gov.au.

1. Your details

Surname: _____ Title: _____
Given name: _____
Postal address: _____ Postcode: _____
Telephone: _____
Email: _____

I agree to receive correspondence at the above email address

Do you have special needs for assistance with this application? Yes No

If yes, please provide details:

2. Proof of identity

Proof of Identity attached? Yes No

Are you seeking information on behalf of another? Yes No

If yes, please advise for whom: _____

Note: If you are seeking information on behalf of another person you must provide either written authority from that person to act on their behalf OR other legal authority to access the information. If you do not, your application will not be processed.

When seeking access to personal or health information, you must provide proof of identity in the form of a certified copy of any one of the following documents:

Australian driver's licence (with photograph, signature and current address) Australian passport

Other official proof of identity with current address details

3. Conduct

1. Please describe the specific issue or conduct you would like to have reviewed:

Note: Conduct' can include an action, a decision, or even inaction. For example the 'conduct' in your case might be a decision to refuse you access to your personal information, or the action of disclosing your personal information to another person, or the inaction of a failure to protect your personal information from being inappropriately accessed by someone else.

2. Please tick which of the following describes your concern (*you can tick more than one*):

Collection of my personal or health information

Security or storage of my personal or health information

Refusal to let me access or find out about my own personal or health information or the accuracy of my personal or health information

misuse of my personal or health information or disclosure of my personal or health information without my consent

Other (please specify): _____

Unsure

3. When did the issue or conduct occur? (date)

4. When did you first become aware of the issue?

Note: You must lodge this application within 6 months of becoming aware of the issue or explain why it has taken more than 6 months to lodge an investigation request

5. How has the issue or conduct effected you?

What effect might the issue have on you in the future?

4. Remedy

What would you like done about the issue?

For example, an apology, a change in policies or practices, training for staff etc.

Applicant's lodgment

By submitting this form,

(i) I agree that Port Authority is collecting my personal information for the purpose of handling my review and if I do not provide all the necessary information my application may not be processed;

(ii) I acknowledge that the personal information I have disclosed will be handled in accordance with Port Authority of NSW's Privacy Statement.

Please post or email this form with the application fee to:

Attention: Privacy Coordinator

Post: GPO Box 25, Millers Point, SYDNEY NSW 2001

Email: access2info@portauthoritynsw.com.au