



Privacy complaint form

Use this form if you want to make a complaint under the *Information Privacy Act 2009* about how your personal information has been handled by the Department of Families, Seniors, Disability Services and Child Safety (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 is information or an opinion, whether true or not, about a person whose identity is apparent (or can reasonably be ascertained) from the information or opinion.

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.

Privacy notice: The department is collecting your personal information to assess and manage your complaint. Your information will be used for purposes related to the management of your complaint and may also be used for the administration and evaluation of the complaint process. Your personal information will be managed in accordance with the *Information Privacy Act 2009* (IP Act).

Your personal information may be disclosed to other people or agencies including the Office of the Information Commissioner and the Queensland Civil and Administrative Tribunal, for the purpose of responding to or managing your complaint, to enable us to participate in any external review or appeal processes, or for monitoring and evaluating the department's privacy compliance.

1. Complainant's details			
Given name(s):		Family name:	
Address:			
Email:			
Daytime telephone:		Other telephone:	
Preferred method of communication	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Post



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 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?	<input type="checkbox"/> Parent of a child under 18 years <input type="checkbox"/> Guardian <input type="checkbox"/> Legal representative <input type="checkbox"/> Support service <input type="checkbox"/> 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.
When did it occur?
What happened?
Who was responsible?



Where did it happen?

4. What impact has the privacy breach had on you?

5. What outcome are you seeking?

6. Signature and declaration	
I declare that: <ul style="list-style-type: none">• 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 application (e.g. evidence of identity, authorisation to act on another person's behalf).	
Applicant's signature <i>(or signature of authorised representative)</i>	
Date:	

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 feedback@dcssds.qld.gov.au

8. Submitting this form
Please send the completed form and any relevant documents to feedback@dcssds.qld.gov.au or Complaints Unit Department of Families, Seniors, Disability Services and Child Safety Locked Bag 3405 BRISBANE QLD 4001