



Privacy Complaint Form

The National Education and Care Services Privacy Commissioner (NECS Privacy Commissioner) can investigate complaints from individuals about the Australian Children's Education and Care Quality Authority (ACECQA) and State and Territory Education and Care Services Regulatory Authorities under the Commonwealth *Privacy Act 1988*. You can complain to the Commissioner if you believe ACECQA or a State or Territory Regulatory Authority has interfered with your privacy by breaching an Australian Privacy Principle in relation to your personal information. Personal information is any information that is about an individual and can reasonably identify that individual. The NECS Privacy Commissioner encourages you to raise your complaint with ACECQA or the State or Territory Regulatory first and give them an opportunity to address your concerns before applying to the Commissioner.

Complaints to the NECS Privacy Commissioner must be submitted in writing. If you have trouble completing this form please send an email to enquiry@necsopic.edu.au or call the office on (03) 9654 1077

This form can be completed and submitted online at necsopic.edu.au or you can forward it to us by post, email or in person.

Post	Email	In person by appointment only
NECS FOI Commissioner PO Box 177 CARLTON SOUTH VIC 3053	enquiry@necsopic.edu.au	Level 5 Education Services Australia 440 Collins Street MELBOURNE VIC 3000

About You – the Complainant

Note: The NECS Privacy Commissioner cannot investigate complaints about a breach of an individual's privacy if the complaint is made anonymously.

Title	Mr	Mrs	Miss	Ms	Dr	Anonymous
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name:

Preferred contact method (you must provide at least one contact method)

<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Post	<input type="checkbox"/> Mobile phone	<input type="checkbox"/> Other
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Phone (daytime).....

Mobile

Email.....

Postal Address.....

..... Postcode

Other contact details (eg. Fax or international address).....

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Representative

Do you have someone who you would like to represent you in your complaint?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes:

What is your representative's relationship to you? (eg. lawyer) :

Representative name:

Representative organisation name (if any)

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Representative's preferred contact method (you must provide at least one contact method)

<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Post	<input type="checkbox"/> Mobile phone	<input type="checkbox"/> Other
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Phone (daytime).....

Mobile

Email.....

Postal Address.....

..... Postcode.....

Other contact details (eg. fax or international address)

About the Agency – the Respondent

Please provide details of the agency you are complaining about (ie ACECQA or a State or Territory Education and Care Services Regulatory Authority)

Name of Agency

Have you complained to the Respondent?

I have complained to the agency about my privacy issue and given them 30 days to reply.

Yes

No

Note: The NECS Privacy Commissioner will only investigate complaints where the complainant has not first raised the complaint with the agency in question in exceptional circumstances. If you have not raised your complaint with the agency please explain why it is not appropriate for you to do so.

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Agency Reference Number. If the agency has given you a reference number relevant to your complaint please tell us this number

Number:.....

Details of Your Complaint

Please provide a summary of your how you believe the agency has breached your individual privacy. You may attach further documentation if you wish.

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Resolution

What action or result would you like from the NECS Privacy Commissioner?

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Supporting information

Please attach any supporting documentation including copies of your complaint to the agency, if any, and its response. If you are the nominated representative lodging the complaint for someone else, please attach any documents which indicate you are authorised to act for that person.

Please sign and date this form

Signature:.....Date/...../.....