



Personal Injury Commission

PRIVACY COMPLAINT/ CONCERN: INTERNAL REVIEW APPLICATION FORM

This is an application¹ for a review of conduct under (please tick the most appropriate)

- Section 53 of the *Privacy and Personal Information Protection Act 1998*
- Section 21 of the *Health Records and Information Privacy Act 2002*
- General complaint

Details of the applicant (the person whose information is the subject of the application)	
1.	Your Full Name:
2.	Your Postal Address: Your Email Address:
3.	Your telephone Number:
4.	Is the applicant a party to proceedings in the Personal Injury Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the Matter Number/s of your proceedings:
5.	Is the applicant an insurer in proceedings in the Personal Injury Commission? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the Matter Number of the proceedings:
6.	Is the applicant something other than the categories mentioned in questions 4 and 5? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
If you are lodging the application on behalf of another, please complete questions 7-10	
7.	Your Full Name:
8.	Your Email address:
9.	Your relationship to the applicant:
10.	The reason why you are lodging the application on behalf of the applicant.

¹ Whilst your application must be in writing, it is not a requirement for you to complete this form. It has been designed for your convenience.

11.	Describe the conduct ² for which you are seeking an internal review? Describe what you believe the Personal Injury Commission did (<i>see footnote for explanation of "conduct"</i>)
12.	Please tick which of the following describes your complaint (you can tick more than one) <input type="checkbox"/> Collection of my personal or health information <input type="checkbox"/> Security or storage of my personal or health information <input type="checkbox"/> Refusal to let me access or find out about my own personal or health information <input type="checkbox"/> Accuracy of my personal or health information <input type="checkbox"/> Use of my personal or health information <input type="checkbox"/> Disclosure of my personal or health information <input type="checkbox"/> Other (please specify)
13.	When did the conduct occur (date)? (<i>Please be as specific as you can</i>)
14.	When did you first become aware of this conduct (date)? (<i>please be as specific as you can about how and when you first became aware of the conduct. Please include any action that you took at the time.</i>)
15.	You need to lodge this application within six months of the date at question 13. If more than six months has passed, you will need to ask the Personal Injury Commission for special permission to lodge a late application. Please explain why you have taken more than six months to make your complaint (<i>for example: I had other urgent priorities – list them, or while the conduct occurred more than six months ago, I only recently became aware of my privacy rights, etc</i>):
16.	What effect did the conduct have on you (the applicant)?

² 'Conduct' can include an action, a decision or an inaction by the Commission.

17.	What effect might the conduct have on you (the applicant) in the future?
18.	What would you like to see the Personal Injury Commission do about the conduct? (e.g. an apology, a change in policies or practices, extra training for staff etc)
19.	<p>Please tick the box if you agree.</p> <p><input type="checkbox"/> I understand that the information on this form will be used by the Personal Injury Commission to process my request for an internal review and any action in connection with the internal review.</p>
20.	<p>Please tick the box if you agree.</p> <p><input type="checkbox"/> I understand that details of my application will be referred to the Privacy Commissioner in accordance with: section 54(1) of the <i>Privacy and Personal Information Protection Act 1998</i>; or section 21 of the <i>Health Records and Information Privacy Act 2002</i>; and that the Privacy Commissioner will be kept advised of the progress of the internal review.</p>
21.	<p>Please tick the appropriate box.</p> <p><input type="checkbox"/> I agree to the Personal Injury Commission providing the Privacy Commissioner with a copy of the application form and its attachments; or</p> <p><input type="checkbox"/> I do not agree to the Personal Injury Commission providing the Privacy Commissioner with a copy of this application form and its attachments.</p>

Your Signature:
(Signature of Applicant or person lodging the application on behalf of the applicant.)

Date:

How Do I Lodge My Complaint Application?

Once you have completed the above form, you may lodge by email (attaching your completed form) or by post using the below information.

By Email- privacy@pi.nsw.gov.au

By Post-

The Privacy Officer
 Personal Injury Commission
 PO Box 594, Darlinghurst NSW 1300