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

🞏 53 of the *Privacy and Personal Information Protection Act 1998* (PPIP Act)

🞏 21 of the *Health Records and Information Privacy Act 2002* (HRIP Act)

If you need help in filling out this form, please contact the Information Access and Governance team at [information@enterprise.nsw.gov.au](mailto:information@enterprise.nsw.gov.au) or visit the Information and Privacy Commission website at [www.ipc.nsw.gov.au](http://www.ipc.nsw.gov.au).

|  |  |
| --- | --- |
|  | Name of the agency you are complaining about:  Department of Enterprise, Investment and Trade |
|  | Your full name:  Click or tap here to enter text. |
|  | Your postal address: Click or tap here to enter text.  Telephone number: Click or tap here to enter text.  Email address: Click or tap here to enter text. |
|  | If the complaint is on behalf of someone else, please provide their details:  Click or tap here to enter text.  What is your relationship to this person (e.g., parent)?  Click or tap here to enter text.  Is the person capable of making the complaint by himself or herself?  🞏 yes 🞏 no  🞏 unsure |
|  | What is the specific conduct you are complaining about? *(“Conduct” can include an action, a decision, or even inaction by the agency. 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.)*  Click or tap here to enter text. |
|  | Please tick which of the following describes your complaint: *(you may tick more than one option)*  🞏 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 🞏 accuracy of my own personal or health information 🞏 use of my personal or health information 🞏 disclosure of my personal or health information 🞏 other 🞏 unsure |
|  | When did the conduct occur (date)? *(please be as specific as you can)*  Click or tap here to enter text. |
|  | When did you first become aware of this conduct (date)?  Click or tap here to enter text. |
|  | You need to lodge this application within six months of the date at Q8. If more than six months has passed, you will need to ask DEIT’s Privacy Coordinator for special permission to lodge a late application. If you need to, write here to explain why you have taken more than six months to make your complaint:  Click or tap here to enter text. |
|  | What effect did the conduct have on you?  Click or tap here to enter text. |
|  | What effect might the conduct have on you in the future?  Click or tap here to enter text. |
|  | What would you like to see DEIT do about the conduct? *(for example: an apology, a change in policies or practices, your expenses paid, damage paid to you, training for staff, etc.)*  Click or tap here to enter text. |
|  | I understand that this form will be used by DEIT to process my request for an Internal Review.  I understand that details of my application will be referred to the NSW Privacy Commissioner as required by law, and that the Privacy Commissioner will be kept advised of the progress of the review.  I would prefer the Privacy Commissioner to have:  🞏 a copy of this application form, or  🞏 just the information provided at Qs 5-12. |

Applicant’s signature and lodgement

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s signature: |  | *Date:* |  |

Please post or email this form to:

Attn: Information Access  
General Counsel  
DEIT  
Level 9, 52 Martin Place,   
Sydney NSW 2001

**Please keep a copy for your own records**