



## Complaint form regarding the collection, use or disclosure of personal information

### Your information :

		File number (optional) :
First name :	Middle name :	Last name :
Address:		Province :
City :	Postal code :	Telephone (daytime) :
E-mail* :		Telephone (evening) :

*\*Please note that e-mail communications are optional and security cannot be guaranteed.*

Please check the statement that applies to you:

- ☐ I am filing a privacy complaint regarding personal information about myself.
- ☐ I represent an individual who is making a privacy complaint regarding personal information concerning him or her.

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### Representative information

*Do not complete this section if you do not have a representative.*

I authorize the following person to act on my behalf and to receive any personal information pertaining to me, if necessary, to investigate this complaint.

Type of representative (check one box only) :

- ☐ Lawyer
- ☐ Other person, please specify : \_\_\_\_\_

### Representative Information :

		Organization name
First name :	Middle name :	Last name :
Address:		Province :
City :	Postal code :	Telephone (daytime) :
E-mail :		Telephone (evening) :

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### Details of the complaint

Please check the statement(s) that explain(s) the reason(s) for your complaint:

- ☐ The company has inappropriately collected my personal information.
- ☐ The company has inappropriately disclosed my personal information.
- ☐ The company has inappropriately used my personal information.
- ☐ The company has inappropriately disposed of my personal information.
- ☐ Other - Please explain:

Please provide a detailed description of your complaint including the information involved, who was involved, when and where the alleged action occurred and the factors that led to it:

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### Damage suffered (if any)

Please describe the damage suffered, if any:

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### Resolution of complaint

Please describe how your complaint could be resolved:

## Appendices

Please attach any documents relevant to your complaint or proof of your role as **substitute decision-maker** (maximum 10 MB) :

Select Files

No files selected

**Signature:** **SOIT UN CLIC COMME APPROBATION, SOIT SIGNER AVEC LA SOURIS.**

**Date of signature :**

Submit form

Option 1: Send the form now

(captcha) **COMMENT S'ASSURER QU'IL N'Y A PAS D'USURPATION D'IDENTITÉ? CRÉER UN PORTAIL CLIENT, parallèle avec l'art. 30 LPRPSP pour demande d'accès et de rectification, la personne doit justifier son identité...?**

Send

Option 2: Print the form and send it by e-mail to [prp@alterfina.ca](mailto:prp@alterfina.ca) or by post to the following address

Alterfina  
c/o Person in Charge of the Protection of Personal Information  
302-7750 Cousineau Blvd.  
Saint-Hubert, QC J3Z 0C8

Thank you for submitting this form. The Person in Charge of the Protection of Personal Information will contact you to discuss your complaint.