

**NOTE: If you are using Google Chrome, please save this document to your computer before completing the required fields.**



# Privacy Breach/ Complaint Reporting Form

Reporting date (dd/mm/yyyy):

Reported by:

Date of complaint/breach (dd/mm/yyyy):

Contact information (telephone number, address):

**Please refer to the relevant HFHT Privacy Breach Protocol documents on the [HFHT Website](#).  
Limit or avoid use of identifying information.**

Description of complaint/breach:

Extent of complaint/breach (include details of type of information systems):

Steps taken to manage complaint/breach:

Notification details (i.e. how affected parties were notified, what their reactions were, timeline, etc.):

Other:

**Please submit this form via email.**

Email to:

[privacy@HamiltonFHT.ca](mailto:privacy@HamiltonFHT.ca)

If you wish to speak to someone about this complaint/breach, please call Tricia Brinn at 905-667-4848 ext. 122.

For further information on the Hamilton Family Health Team's privacy policies, please visit: <http://www.hamiltonfht.ca/en/who-we-are/Privacy-Policy.aspx>

