Privacy Complaint Form

st.lukes HEALTH

This form will help you in making a complaint about the handling of your personal and sensitive information by St.LukesHealth under the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

To help us with investigating your complaint, please provide all requested information within this form along with any supporting documents.

Note: To protect everyone's privacy, we can only accept privacy complaints from the person whose personal or sensitive information the complaint relates to or their authorised representative. If you are lodging a complaint on behalf of someone else, please provide proof of your authority to do so.

For information on our privacy policy, please visit **www.stlukes.com.au/Privacy-Policy.aspx**

COMPLAINANT DETAILS:		
Title:	Surname:	
Given names:		
Postal address:		
Suburb:	State:	Postcode:
Email:	Contact Number:	

Preferred method of communication: ☐ Phone ☐ Email ☐ Post

Is your complaint about St.LukesHealth's handling of you ***own*** personal or sensitive information? ☐ Yes ☐ No

If your complaint is about ***another person's*** personal or sensitive information, what capacity are you authorised to act? Please attach proof of legal authority.

☐ Parent (Child under 18 years) ☐ Guardian ☐ Legal representative ☐ Support service ☐ Other:_____

AUTHORISED REPRESENTATIVE DETAILS:		
Title:	Surname:	
Given names:		
Postal address:		
Suburb:	State:	Postcode:
Email:	Contact Number:	

PRIVACY COMPAINT DETAILS:

How do you believe that your privacy has been breached?
Please describe in as much detail as possible how you believe your privacy, or the privacy of the person you are representing, has been breached by St.LukesHealth. Try to include a description of what happened, the information and people involved and when it happened. If you have any supporting documents to help us investigate your complaint, please attach along with this form.

Please describe how the above incident has effected you or the person you are representing.

Please provide details on how you became aware of the above incident.

What is your expected outcome?

DECLARATION:

☐ I declare that the information I have provided is complete and correct.

Complainant's Signature:
(or signature of authorised representative)

Date:

WHERE TO SEND THIS FORM:

Please return this form along with any supporting documents and proof of authority (if applicable) to:

Email: **privacyofficer@stlukes.com.au**

Address: **The Privacy Officer, St.LukesHealth, P.O Box 915, Launceston TAS 7250.**

We will endeavor to resolve any issues or complaints we receive within 30 days.