

Privacy Act Complaint Form and Application for Personal Information.



Legacy
FUNERALS

Appendix 1: Complaint Form

Date: _____

1. Personal details.

Your Full Name: _____
Postal Address: _____
Email: _____
Phone: _____

2. The name and position of the person whose actions you are complaining. (They will be advised of your complaint)

Name: _____
Position: _____
Company / Related Entity: _____

3. Have you contacted the person concerned about your complaint?

Yes No

If yes, what was the response? Please attach copies of any correspondence that you have had with the person about the matter.

4. What would you like to see happen to resolve your complaint?

5. What is the complaint about? (Please tick the relevant box or boxes and provide details)

- (a) That you have asked for *access* to information about you and that request has been refused;
- (b) That you have asked for information about you to be *corrected*, or have provided a statement of correction to be attached, and that request has been refused;

If you have asked for access to information about yourself or have asked for correction of information about yourself, please send us copies of the request and the response or give clear details of when the request was made.

- (c) That information about you was *disclosed* to someone else
Please specify what information was disclosed, when it was disclosed and to whom it was disclosed;

- (d) That information about you *was used without being checked* to see if it was correct;

- (e) That information about you was unlawfully or unnecessarily *collected*
Please specify what information was collected, and from whom it was collected;

- (f) That information about you was not kept reasonably secure;

- (g) Other (*please specify below*)

Please attach copies of any documents you have which can show what happened, or make clear notes of what happened (with dates and other details).

**6. Explain how this action or these actions have caused (or may cause) a negative effect on you.
*Please provide evidence where available***

Appendix 2: Application to Request Personal Information

Name of Person Requesting Information:

1. What information is requested?

Does the information requested include information relating to an identifiable individual?

Yes No

If so: What personal information is involved?

If the information does relate to or include information which would readily identify an individual, please complete the remainder of this form.

3. This information is requested on the basis that:

- Disclosure is authorised by the individual concerned
- Disclosure is necessary to *(select all that are applicable)*:
 - Avoid prejudice to the maintenance of the law by any public sector agency, including prejudice to the prevention, detection, investigation, prosecution, and punishment of offences
 - Enforce a law that imposes a pecuniary penalty
 - Protect public revenue
 - Assist in the conduct of proceedings before any court or tribunal *(being proceedings that have been commenced or are reasonably in contemplation)*

Disclosure is necessary to prevent or lessen a serious threat to:

- Public health or public safety
- The life and health of the individual concerned or, another individual

- Disclosure of the information is necessary to enable an intelligence and security agency to perform any of its functions
- The information is to be used in a form which the individual concerned is not identified
- The information is to be used for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the individual concerned.
- Disclosure of the information is necessary to facilitate the sale or other disposition of a business as an on-going concern

Description of the information required and the basis upon which for requesting it:

Keep the story alive.

Tauranga (main office)
07 543 4780.
383 Pyes Pa Road, Tauranga 3173

Pāpāmoa
07 543 4780.
53 Te Okuroa Drive, Pāpāmoa Beach, Pāpāmoa 3118