

Privacy Officer, Diabetes Care Program of Nova Scotia,  
1278 Tower Road, Bethune Building #577, Halifax, NS B3H 2Y9  
Telephone (902) 473-3219 Fax (902) 473-3911 dcpns@diabetescareprogram.ns.ca

## Diabetes Care Program of Nova Scotia Privacy Complaint Form

Complete this form to make a complaint about how your personal information is dealt with by the Diabetes Care Program of Nova Scotia.

Give as much information as possible about your complaint as far as it concerns you. Add more pages if you need more space to complete this form. If you are not sure about anything, please contact our Privacy Officer at (902) 473-3219 or dcpns@diabetescareprogram.ns.ca

COMPLAINANT'S FULL NAME

\_\_\_\_\_

LAST NAME	FIRST NAME	MIDDLE INITIAL
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### **How would you like us to contact you?**

(Please only give the information that you would like us to use to contact you)

#### **By Mail:**

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

#### **By Phone, fax, and/or email:**

CONTACT PHONE NO: ( ) \_\_\_\_\_  HOME  WORK  CELL  PAGER (#: \_\_\_\_\_)

ALTERNATE PHONE NO: ( ) \_\_\_\_\_  HOME  WORK  CELL  PAGER (#: \_\_\_\_\_)

FAX NO: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

*(Provide only if you prefer to receive communication by email)*

