



## **Privacy Complaint Form**

You can use this form to make a complaint to the Australian Transport Safety Bureau (the ATSB) about an act or practice of the ATSB or one of its contracted service providers. A privacy complaint is a complaint about how your personal information has been collected, managed, used or disclosed by the ATSB.

### Can I make a complaint on behalf of someone else?

You can make a privacy complaint about how the ATSB has handled your own personal information. If you contact us with a concern about how the ATSB has handled the personal information of another person, we will assess the information you provide but may not be able to provide you with any feedback.

Privacy complaints can also be made by:

- parents on behalf of their children; and
- authorised representatives.

If you are acting for someone else, we will need evidence of your identity and your authority to act before we can give you any feedback on your complaint.

#### **Assistance**

If you need help completing this form or have questions about your privacy concerns, please contact the Privacy Officer at <a href="mailto:privacy@atsb.gov.au">privacy@atsb.gov.au</a> or (02) 6122 1601.

Privacy notice: The personal information collected from you on this form is collected by the Australian Transport Safety Bureau (the ATSB) for the purposes of assessing, conciliating and reporting on your privacy complaint. The ATSB may collect information about you from other individuals or organisations involved in the complaint for the above purposes. The ATSB may disclose the information you give us to the individuals or organisations named in the privacy complaint and, if necessary, to others who have information relevant to your complaint. In case of a challenge to the ATSB's conduct connected with your privacy complaint, the ATSB may need to disclose some of your personal information to a review body, such as the Office of the Australian Information Commissioner or a court or tribunal. You are not required to provide the ATSB with your contact details and may make a privacy complaint anonymously. However, if you do not provide your contact details, the ATSB may not be able to properly assess your complaint or inform you of the action, if any, taken in response to your complaint. The ATSB Privacy Policy contains information about how you may access to, or seek correction of, your personal information held by the ATSB. The Privacy Policy also contains information on how you can complain about a breach of the Australian Privacy Principles (APPs) and how the ATSB will deal with such a complaint. A copy of the ATSB's Privacy Policy can be found at https://www.atsb.gov.au/privacy-policy.

| Family name  Contact details Please provide at least one.  Phone Email  Preferred contact method:  ATSB Identifier (e.g. AO-2025-001)  If you are acting for someone else, you must provide evidence of your authority to act and evidence of your identity and the complainant's identity (e.g. your driver licence and your obirth certificate).  Given name Family name Contact details Please provide at least one.  Phone Email  Preferred contact method:  Relationship to the complainant Guardian Legal representative Power of Attorney Support service Other (please specify):  3. Details of the complaint  | Given name   |                          |                            |             |
|--|--|--------------------------|----------------------------|-------------|
| Phone   Phone  | Family name  |                          |                            |             |
| Email  Preferred contact method:  ATSB Identifier (e.g. AO-2025-001)  2. Authorised representative's details (if relevant)  If you are acting for someone else, you must provide evidence of your authority to act and evidence of your identity and the complainant's identity (e.g. your driver licence and your cointh certificate).  Given name Family name  Contact details Please provide at least one.  Phone Email  Preferred contact method:  Relationship to the complainant  Guardian  Legal representative  Power of Attorney  Support service  Other (please specify):  |  | Address                  |                            |             |
| Preferred contact method:  ATSB Identifier (e.g. AO-2025-001)  2. Authorised representative's details (if relevant)  f you are acting for someone else, you must provide evidence of your authority to act and evidence of your identity and the complainant's identity (e.g. your driver licence and your control con | one.   | Phone                    |                            |             |
| Phone  |  | Email                    |                            |             |
| 2. Authorised representative's details (if relevant)  f you are acting for someone else, you must provide evidence of your authority to act and evidence of your identity and the complainant's identity (e.g. your driver licence and your contribute contribute contribute contribute contribute contribute contribute contact details  Please provide at least one.  Phone  Email  Preferred contact  method:  Relationship to the complainant  Guardian  Legal representative  Power of Attorney  Support service  Other (please specify):   |  | Phone                    | ☐ Email                    | Post        |
| f you are acting for someone else, you must provide evidence of your authority to act and evidence of your identity and the complainant's identity (e.g. your driver licence and your contribute certificate).  Given name  Family name  Contact details  Please provide at least one.  Phone  Email  Preferred contact method:  Relationship to the complainant  Guardian  Legal representative  Power of Attorney  Support service  Other (please specify):  |  |                          |                            |             |
| f you are acting for someone else, you must provide evidence of your authority to act and evidence of your identity and the complainant's identity (e.g. your driver licence and your contribution of your name.  Siven name  Contact details  Please provide at least one.  Phone  Email  Phone  Email  Parent of a child under 18 years  Guardian  Legal representative  Power of Attorney  Support service  Other (please specify):   | 2. Authorised repre                                | sentative's details      | (if relevant)              |             |
| Contact details Please provide at least One.  Phone Email Preferred contact method: Relationship to the complainant  Guardian Legal representative Power of Attorney Support service Other (please specify):   | f you are acting for some vidence of your identity | eone else, you must prov | vide evidence of your aut  | · ·         |
| Contact details Please provide at least one.  Phone  Email  Preferred contact method: Relationship to the complainant  Guardian Legal representative Power of Attorney Support service Other (please specify):   | Given name   |                          |                            |             |
| Phone  Email  Preferred contact method:  Relationship to the complainant    Parent of a child under 18 years   Power of Attorney   Support service   Other (please specify):   | amily name   |                          |                            |             |
| Preferred contact nethod: Relationship to the complainant  Guardian  Legal representative  Power of Attorney  Support service  Other (please specify):   |  | Address                  |                            |             |
| Preferred contact method:  Relationship to the complainant  Parent of a child under 18 years Guardian Legal representative Power of Attorney Support service Other (please specify):   | one.   |                          |                            |             |
| Relationship to the complainant  Parent of a child under 18 years  Guardian  Legal representative  Power of Attorney  Support service  Other (please specify):   |  | Email                    |                            |             |
| Guardian  Legal representative  Power of Attorney  Support service  Other (please specify):  |  | Phone                    | Email                      | Post        |
| Guardian  Legal representative  Power of Attorney  Support service  Other (please specify):  | -  | Parent of a child u      | nder 18 years              |             |
| Power of Attorney  Support service Other (please specify):   | complainant  |                          |                            |             |
| Power of Attorney  Support service Other (please specify):   |  |                          |                            |             |
| Support service Other (please specify):  |  |                          |                            |             |
| Other (please specify):  |  |                          |                            |             |
|  |  |                          |                            |             |
| 3. Details of the complaint  |  | Other (please spec       | ify):                      | <del></del> |
| 3. Details of the complaint  |  |                          |                            |             |
|  | 3. Details of the cor                              | nplaint                  |                            |             |
| How do you believe your privacy has been breached? Please provide sufficient detail to enable the ATSB to appropriately investigate your complact.g. what happened, when did it happen or come to your attention, where did it happen, we now have been breached?)   |  | •                        | B to appropriately investi |             |

| What impact has this had?   |
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| What impact has this had?   |
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| What autooms are you sooking?   |
| What outcome are you seeking?   |
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| 4. Signature and declaration  |
| I declare that:   |
| <ul> <li>the information provided in this form is complete and correct;</li> </ul>                          |
| I have read the Privacy Notice; and   |
| <ul> <li>where applicable, I have attached the documents required as proof of my identity and my</li> </ul> |
| authorisation to act on behalf of another person.   |
| Signature of Complainant  |
| or Authorised   |
| Representative  |
| Electronic signatures   |
| accepted  |
| Date  |
|   |

## **5. Supporting documents**

Please attach copies of any documents you consider may assist the ATSB to assess your privacy complaint.

# 6. Submitting this form

Please send this completed form and any attachments by email (preferred) to <a href="mailto:privacy@atsb.gov.au">privacy@atsb.gov.au</a> or by postal address to:

Privacy Officer Legal, Governance and Strategic Policy Australian Transport Safety Bureau GPO Box 321 Canberra ACT 2601