

This form is to assist you in making a complaint to Jones Radiology about the handling of personal information, including sensitive (health) information, under the Privacy Act 1988 (Cth).

The Privacy Act 1988 requires that, generally, the person complaining must first complain to the organisation involved (in this case Jones Radiology) before a complaint can be made to the Office of the Australian Information Commissioner.

For the protection of everyone's privacy, we can accept only complaints made by the persons involved or an authorised representative. Therefore, if you wish to complain on behalf of another person, please provide proof of authority to do so.

To assist the Complaint Handling Process, it is important that all the required information is legible. If more space is required, please attach additional pages.

## Collection notice

We will use the information you provide on this form to investigate and conciliate your privacy complaint against Jones Radiology. We will only disclose the information you give us to those areas within Jones Radiology that may have information relevant to your complaint, and to our technical and legal advisors as needed. In the event of a challenge to the decision made by Jones Radiology, we may be required to disclose this information to a regulatory authority, such as the Office of the Australian Information Commissioner, or to an Australian court or tribunal. While use of this form is optional, we may not be able to process your complaint if you do not provide the information requested on this form. Please see our Privacy Statement for further information about our complaints handling procedures, and your right to access and correct personal information that we hold about you.

About you			
Name			
Address			
Telephone Business		Mobile	
Email			

If you are making a complaint on behalf of someone else	
Person's name	
Your relationship to that person	

Please provide proof of your authorisation – ie written authorisation by the individual wishing to make the complaint. Please submit with this form.

**What/who is your complaint about?**

Please provide all the information you think is relevant to your complaint.

I am complaining about the handling of my personal information by: (insert name of Jones Radiology clinic/office)

What was the nature of your involvement with Jones Radiology at this time:

**Your complaint**

How do you believe that your privacy has been breached?

Please describe briefly how, in your view, your privacy has been breached.

What happened, where did it happen, when did it happen, who did it and what personal information was involved?

Please provide as many details as you can recall.

What impact has this had on you?

What outcome would you like to see from this complaint?

**Documents**

Please submit with this form copies (not originals) of any documents that may help us to investigate your complaint (for example, any correspondence or records of conversations you have had with the Jones Radiology department involved).

**Please sign and date this form**

Signature

Date

Post the completed form marked "Private & confidential" to:

Jones Radiology  
Privacy Officer, PO Box 7054, 252-254 Halifax Street, Adelaide SA 5000

Or scan and submit by email (with attachments): [privacy@jonesradiology.com.au](mailto:privacy@jonesradiology.com.au)

For assistance with this form, contact the Privacy Officer: (08) 8309 2222 or [privacy@jonesradiology.com.au](mailto:privacy@jonesradiology.com.au)