

Fair Practices Office



Family Services is authorized to collect personal information and personal health information under section 36(1)(b) of *The Freedom of Information and Protection of Privacy Act* ("FIPPA") and section 13(1) of *The Personal Health Information Act* ("PHIA") respectively, as the information is directly related to and necessary for the purposes of carrying out the duties of the Fair Practices Office. We have limited the information we are collecting about you to the minimum amount necessary for this purpose. The information you provide on this form cannot be used or disclosed for any other purpose, unless you consent or we are authorized or required to do so by FIPPA and PHIA. If you have any questions about the information being collected under FIPPA and PHIA, please contact the FIPPA Coordinator at 204-945-2013 at 205 - 114 Garry Street, Winnipeg MB R3C 4V4.

Personal Information	
Name:	Case Number (if applicable):
Address:	
Phone:	Alternate Phone or Email:
Advocate Name:	Advocate Phone:
Program Information	
Program Area (please check):	
<input type="checkbox"/> EIA <input type="checkbox"/> MarketAbilities Program <input type="checkbox"/> Community Living Disabilities Services <input type="checkbox"/> Children's disAbility Services <input type="checkbox"/> Early Learning and Child Care	
Worker Name:	Area Office:
Details of Complaint (if you need more space, please use the back of this form):	
Optional (This information will remain confidential and is collected for statistical purposes only.)	
Do you wish to self-identify as belonging to any of the following groups? Please check all that apply:	
<input type="checkbox"/> Single Parent <input type="checkbox"/> Disabled <input type="checkbox"/> Visible Minority <input type="checkbox"/> New Canadian <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> Inuit	
Consent	
I authorize the Fair Practices Office to discuss my case with my advocate listed above. <input type="checkbox"/> Yes <input type="checkbox"/> No	
I authorize the Fair Practice office to access my information on file with the Department of Families and their contracted service providers as well as the Social Services Appeal Board.	
Signature:	Date: