



Trigon
INSURANCE

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PERSONAL INFORMATION REQUEST/COMPLAINT FORM

Client Name: _____

Address: _____

Telephone Number: (H) _____ (O) _____

Fax (if any): _____

Email: _____

Insurer (if known): _____

Policy # (if known): _____

I wish to file a request or complaint (check applicable box) regarding my personal information which is being or has been held or processed by the insurance broker.

(Please briefly state the nature of your request or complaint):

Signature of Client

Date:

FOR OFFICE USE ONLY:	
Date received: _____	By (print name): _____
Date acknowledged: _____	By (print name): _____
Date of response: _____	By (print name): _____

Note: Your request will be processed within thirty (30) days unless you are advised otherwise.
Please forward this document to: Trigon Insurance Brokers Ltd., 2412 Kaladar Avenue, Ottawa, ON, K1V 8C1
Attn: Joseph Ha, Privacy Officer