

**REGISTRANT REQUEST  
TO LODGE COMPLAINT REGARDING THEIR PERSONAL INFORMATION**

**REGISTRANT'S NAME** \_\_\_\_\_

**REGISTRATION NUMBER** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**DETAILS**

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Forward to:                      Privacy Officer  
Nova Scotia College of Nursing  
Suite 300, 120 Western Parkway  
Bedford, NS, B4B 0V2, Canada