

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



REGISTRANT'S NAME: _____

REGISTRATION NUMBER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

DETAILS:

Forward to:

Privacy Officer
Nova Scotia College of Nursing
300 – 120 Western Parkway
Bedford, NS B4B 0V2
Privacy.Officer@nscn.ca

