## Freedom of Information – section 39 amendment request form

Section 39 of the *Freedom of Information Act 1982* (Vic) (**FOI Act**) allows you to request an amendment to a document in your possession containing your own personal information where you believe your information is incorrect or misleading.

An amendment cannot have the effect of deleting or expunging the information recorded in a document. Generally, this means the amendment will be an addition or notation on the document.

You can also make an amendment request if you are the next of kin of a deceased person and you are seeking an amendment to that individual’s information.

**Making an amendment request**

Section 40 of the FOI Act states a request for an amendment must:

* be in writing;
* provide an address where a decision can be sent;
* specify how the information is inaccurate, incomplete, out of date or misleading; and
* specify the amendments you are requesting.

For more information on making an amendment request, visit the Office of the Victorian Information Commissioner’s (**OVIC**) website **www.ovic.vic.gov.au**.

**Do I need to pay a fee?**

No, there are no fees or charges associated with making a request under section 39 of the FOI Act.

**Do I have to request the document under the FOI Act first?**

To make an amendment request under section 39 of the FOI Act, the document you want us to amend must be in your possession. However, it does not matter whether or not that document was obtained under the FOI Act.

**After you submit a request**

After you submit a request, we will assess it to make sure it meets the requirements in section 40 of the FOI Act. If we determine that your request is not valid, we will notify you and advise how to make it valid. If your request is valid, we will begin processing it.

**Timeframes**

We have up to 30 days from the date we receive your valid request to provide you with a decision.

1. **Contact details**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your details** | | | | | | | | | | | | | |
| Title: |  | | | First Name(s): |  | | | | | Surname: | |  | |
| Organisation (*if applicable*): | | | | |  | | | | | | | | |
| Email address: | | | | |  | | | | | | | | |
| Contact number(s): | | | | |  | | | | | | | | |
| Postal address: | | | | |  | | | | | | | | |
| Suburb: | |  | | | State/Territory: | | |  | | | | Postcode: |  |
| Preferred contact method: | | | | |  | | | | | | | | |
| Do you need an interpreter? | | | | |  | | | If yes, what language? | | | |  | |
| **Details of your representative (*if applicable*)** | | | | | | | | | | | | | |
| *If you are using a representative like a parent, guardian, lawyer or any other person who is acting on your behalf, please advise who they are. If you are completing this form as the applicant’s representative, advise who you are.* | | | | | | | | | | | | | |
| Title: |  | | | First Name(s): |  | | | | | Surname: | |  | |
| Organisation (*if applicable*): | | | | |  | | | | | | | | |
| Email address: | | | | |  | | | | | | | | |
| Contact number(s): | | | | |  | | | | | | | | |
| Postal address: | | | | |  | | | | | | | | |
| Suburb: | |  | | | State/Territory: | | |  | | | | Postcode: |  |
| Preferred contact method: | | | | |  | | | | | | | | |
| Relationship to applicant: | | | | |  | | | | | | | | |
| **Your authority for representative to act (*if applicable)*** | | | | | | | | |  | | | | |
| *Please complete this section if a representative is assisting you with your request and attach a certified copy of your photo identification with this authority to act.* | | | | | | | | | | | | | |
| I give permission and authorisation for my representative to act on my behalf and have access to any information concerning my request. | | | | | | | | | | | | | |
| *Applicant* | | |  | | |  | *Representative* | | | |  | | |
| Name: | | |  | | |  | Name: | | | |  | | |
| Signature: | | |  | | |  | Signature: | | | |  | | |
| Date: | | |  | | |  | Date: | | | |  | | |
| *Witness* | | |  | | |  | *Witness* | | | |  | | |
| Name: | | |  | | |  | Name: | | | |  | | |
| Signature: | | |  | | |  | Signature: | | | |  | | |

1. **Specify what amendment or amendments you are requesting and explain how the information is inaccurate, incomplete, out of date or misleading**

In this section please identify the specific information you want amended and how that information is inaccurate, incomplete, out of date or misleading. You can provide supporting documentation if it helps explain why you believe the information needs to be amended. When providing an explanation or evidence, think about:

* Inaccurate: Why is the information untrue or incorrect?
* Incomplete: What specific information is missing?
* Out of date: How have the circumstances changed since that time?
* Would give a misleading impression: Who would be misled and how?

You also need to tell us what notation or correction you would like made to the information or document. Under section 41 of the FOI Act, an amendment to a record may be done either by:

* altering the record (without deleting the current information); or
* adding an appropriate notation to the record.

If you complete this form using a computer, the text boxes will automatically resize as you type. Copy and paste the table as many times as you need for each amendment you are requesting.

***Amendment 1***

|  |
| --- |
| **Identify the information you want amended.** |
| **Specify how it is inaccurate, incomplete, out of date, or misleading.** |
| **What is the correction or notation you are requesting?** |

***Amendment 2***

|  |
| --- |
| **Identify the information you want amended.** |
| **Specify how it is inaccurate, incomplete, out of date, or misleading.** |
| **What is the correction or notation you are requesting?** |

***Amendment 3***

|  |
| --- |
| **Identify the information you want amended.** |
| **Specify how it is inaccurate, incomplete, out of date, or misleading.** |
| **What is the correction or notation you are requesting?** |

*Repeat as necessary*

1. **Submitting your request**

You can send your request to us by email or post. If you are unable to send your request via these methods, please contact us to discuss other options.

Email: [Insert your agency’s email]

Post: [Insert your agency’s postal address]

**Further assistance**

If you have a question about making an amendment request or wish to discuss your request further, please contact us on [insert telephone number] or [insert email address].

You can also contact OVIC for more information about freedom of information:

Email: enquiries@ovic.vic.gov.au

Telephone: 1300 006 842

Website: [www.ovic.vic.gov.au](http://www.ovic.vic.gov.au)

**How your information may be handled**

[Insert a collection notice in accordance with Information Privacy Principle 1.3 of the *Privacy and Data Protection Act 2014* (Vic)]