# DEPARTMENT OF CORRECTIONS

### **Rights of Data Subjects**

## **Challenging the Accuracy and/or Completeness of Data**

If you believe the DOC has data about you that is inaccurate or incomplete, you have the right to challenge the data. You can only challenge data about you, your minor child, or a person for whom you have been appointed a legal guardian.

#### 1. Data Challenges submitted to the DOC must:

- be in writing and sent to the Data Practices Compliance Official (DPCO);
- state you are challenging the accuracy and/or completeness of data held by the DOC;
- identify and describe the data you are challenging;
- explain why and how you believe the data is inaccurate and/or incomplete and include documentation to support your challenge;
- state specifically what should be done to make the data accurate and/or complete; and
- include your contact information so the DOC can respond to your challenge.
- 2. Action by the DOC: Within 30 days, the DOC DPCO will;
  - correct the data if found to be inaccurate and/or incomplete and attempt to notify past recipients of the data; or
  - provide written notice to you if the DOC believes the data to be accurate and/or complete.

#### 3. If your challenge is denied and you still dispute the data, you can:

- ask the DOC to include your written challenge with the disputed data when it is disclosed; or
- appeal the DOC's decision in writing to the Commissioner of Administration, c/o Data Practices Office, at 201 Administration Building, 50 Sherburne Avenue, St. Paul, MN 55155; by e-mail to info.ipad@state.mn.us; or by fax to 651-205-4219.

#### 4. Appeals should:

- include your name, address, and phone number;
- state you are appealing a decision made by the DOC about your data challenge;
- include a copy of the disputed data, your written challenge to the DOC, and the DOC's determination;
- explain precisely what data you believe is inaccurate and/or incomplete; and
- explain what you want the DOC to do (add, change or delete data).

DEPARTMENT OF CORRECTIONS	
Data Accuracy and/or Completeness Challenge	
Date:	
To:	DOC Data Practices Compliance Official
From :	
Address (street, city, state, zip):	
E-mail Address:	
Describe the data you believe is inaccurate and/or incomplete; why you believe it is inaccurate and/or incomplete; and what the DOC should do to make the data accurate and/or complete:	
If known, please state where the disputed data is held:	