**OFFICE OF THE DATA PROTECTION COMMISSIONER**

**COMPLAINT SUBMISSION FORM**

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| 1. **PARTICULARS OF THE COMPLAINANT/REPRESENTATIVE** | |
| Full Name |  |
| Complainant’s National Identification Card Number/Passport |  |
| Contact Information (Phone number and email address) |  |
| 1. **PARTICULARS OF THE RESPONDENT** | |
| Name (s) and contact details of the respondent (individual or institutional): |  |
| Date of occurrence of the alleged infringement |  |
| 1. **PARTICULARS OF THE COMPLAINT** | |
| Describe your complaint |  |
| The name (s) of any persons that can provide further information relevant to the complaint, if any; |  |
| Any actual or potential harm or any urgency to be taken note of: |  |
| 1. **REMEDY SOUGHT** | |
| State in your view what redress/relief you are anticipating: |  |
| 1. **WHICH OTHER STEPS HAVE YOU ALREADY TAKEN IN RELATION TO THE COMPLAINT; IF ANY** | |
|  | |
| 1. **PARTICULARS OF ANY PERSON OR INSTITUTION THAT HAS PREVIOUSLY MADE ATTEMPTS TO RESOLVE THE MATTER:** | |
|  | |
| In the event that the Respondent is contacted, do you wish to remain anonymous?  Yes No  If yes, please explain why? | |

|  |  |
| --- | --- |
| Signature | Date |
|  |  |

Note

* *If the space provided for in this form is inadequate, submit information as an annex.*
* *If you have supporting documents to substantiate your claim, please annex copies to this form*
* *The information submitted will be treated with utmost confidentiality.*
* *If complaint is made on behalf of another data subject, please provide authorization to act on behalf of them.*