

## CCTV REVIEW REQUEST FORM

### CONFIDENTIALITY NOTICE:

All CCTV footage is the property of COMPASS Training Center, Inc. and shall only be accessed for legitimate, authorized purposes. Unauthorized use, disclosure, or duplication is strictly prohibited and may result in disciplinary or legal action.

REQUESTER'S INFORMATION			
Name:		Department/Unit:	
Position:		Contact Number:	
Email Address:		Date of Request:	
Classification: <input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee			
REASON FOR CCTV REVIEW			
<input type="checkbox"/> Incident Investigation		<input type="checkbox"/> Workplace Misconduct	
<input type="checkbox"/> Security Threat		<input type="checkbox"/> Lost Item	
		<input type="checkbox"/> Property Damage	
		<input type="checkbox"/> Others: _____	
BRIEF DESCRIPTION OF THE INCIDENT			
DETAILS OF THE INCIDENT			
Date of the Incident:			
Time of the Incident:			
Location/CCTV Camera(s) Requested:			
Persons Involved (if known):			
NON-DISCLOSURE AND SWORN STATEMENT			
<p><i>I hereby affirm that the request to review CCTV footage is made for legitimate, authorized, and official purposes only, in line with the policies of COMPASS Training Center, Inc. and the Data Privacy Act of 2012. I understand that any footage accessed is strictly confidential and shall not be copied, shared, disclosed, or used for any purpose other than the stated reason for this request. I hereby affirm that the information provided in this request is true and correct, and I acknowledge that any misuse, unauthorized disclosure, or falsification may subject me to administrative, civil, or criminal liability under existing laws and organizational policies.</i></p>			
<div style="border-top: 1px solid black; width: 200px; margin: 0 auto;"></div> <p><i>Full Name and Signature</i></p>			
REVIEW AND AUTHORIZATION			
<input type="checkbox"/> Approve <input type="checkbox"/> Disapprove	Name and Signature:		Date:
	Admin/IT Manager		
FOR IT DEPARTMENT ONLY			
Date Footage Reviewed:			
Footage Retrieved:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Retrieved by:		Name and Signature	
Remarks:			