



COMPLIANT HANDLING FORM

Personal Information	
1. Are you making a complaint as: A. Data subject:-	
FULL NAME:	EMAIL:
CONTACT NUMBER:	Address:
B. Legal representative on behalf of a data subject:	
Please fill in this section if the complaint is submitted bound of the Data Subject DECLARATION	y the legal representative on behalf
By signing this Form:	
I confirm that I am authorised to act on behalf of the Da	ata Subject.
Name:	······································
Licence Number:	······································
Power of attorney:	••••••
C. Natural person mandated by the data subject:	
Please fill in this section if the complaint is submitted b	
Relationship to the data subject:	••••••
ID Number:	••••••
Letter of authorization:	••••••
2. Have you attempted to contact the organisation/indivi	
3. Details of the organisation/individual your complaint r	
Name of the organization/individual:	
Address of the organisation/individual:	•••••••••••••••••••••••••••••••••••••••
Telephone number of the organisation/individual:	•••••••••••••••••••••••••••••••••••••••
Email address of the organisation/individual:	•••••••••••••••••••••••••••••••••••••••
Your relationship with the organisation/individual (if any): .	





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SIGNATURE.....

4. Is your complaint about your own personal data?	
Unauthorised disclosure of your personal data Unsolicited direct marketing	
An organisation/individual holds personal data which is inaccurate	
An organisation/individual has failed to respond to a Subject Access Request	
An organisation/individual is not transparent about how they process your personal data	
An organisation/individual has refused to delete information they hold about you	
An organisation/individual has not applied your right to data portability	
An organisation/individual has transfered personal data to third party	
5. Details of your complaint: Please explain and provide details of the complaint, in as much detail as possible. In particular, please ensure you identify the specific data protection issues that your complaint intends to raise in order to assist with the Information Commissioner's a ssessment of your concerns.	
For internal use only Complaint received by:	
Date of reception: / /	
Reference number:	
Department involved:	
Employee involved:	
initial response to complaint: Date: / /	