

## **DATA PRIVACY**

## **COMPLAINT FORM**

Do you have a concern about a privacy violation, personal data breach or matters related to personal data protection, or any other violation of the Data Privacy Act, its IRR and other regulations?
YES. Proceed to the next section.  If NO, do not proceed.
Does your concern affect you personally or it involves your personal data?
YES NO
Have you contacted the agency/individual you are about to complain?
YES NO
Complainant Personal Information
First Name:
Middle Name:
Last Name:
Email Address:
Contact Number/s:
Complaint
Describe the complaint.
What personal information about you that was affected?
Data and time afthe incident
Date and time of the incident:
Place of the incident:  Do you know who did it?  VES NO

How and when did you find out about it?
How have you been affected?
What would resolve this complaint for you?
You may select more than one item. Please explain it in the textbox below.
Settlement
Damages
Fine
Advisory opinion
Cease and Desist Order
Others:
Explain.

(PRINT NAME & SIGNATURE / DATE)

I hereby certify that all the above information is true and correct to the best of my knowledge and belief.

Please be informed that it will take within seven (7) working days for the company to respond.