

# Complaint Form

[Regulation 7]

Complaint regarding interference with the Protection of Personal Information/complaint regarding determination of an adjudicator in terms of section 74 of the protection of personal information act, 2013 (Act No. 4 of 2013)

Regulations relating to the Protection of Personal Information, 2017



**Please note:**

- Affidavits or other documentary evidence in support of the request must be attached.**
- If the space provided for in this form is inadequate, submit information as an Annexure to this form and sign each page.**

Reference number: \_\_\_\_\_

**Mark the appropriate box.**

**Complaint regarding:**



Alleged interference with the protection of personal information.



Determination of an adjudicator.

PART I		ALLEGED INTERFERENCE WITH THE PROTECTION OF THE PERSONAL INFORMATION (Section 74(1) of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013))	
A	PARTICULARS OF COMPLAINANT		
Surname of complainant:			
Full names of complainant:			
Identity number of complainant:			
Residential, postal or business address:			
			Code: <input type="text"/>
Contact number(s):			
Fax number:			
E-mail address:			
B	PARTICULARS OF BODY / RESPONSIBLE PARTY INTERFERING WITH PERSONAL INFORMATION		
Full names and surname of person interfering with personal information (if the person is a natural person):			
Name of public or private body (if not a natural person):			
Residential address (if applicable, postal address or business address):			
			Code: <input type="text"/>

Contact number(s):	
Fax number:	
E-mail address:	
<b>C</b>	<b>REASONS FOR COMPLAINT</b> (Please provide detailed reasons for the complaint)
<b>PART II</b>	<b>GRIEVANCE REGARDING DETERMINATION OF ADJUDICATOR</b> (Section 74(2) of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013))
<b>A</b>	<b>PARTICULARS OF COMPLAINANT</b>
Surname of complainant:	
Full names of complainant:	
Identity number of complainant:	
Residential, postal or business address:	
	Code: <input type="text"/>
Contact number(s):	
Fax number:	
E-mail address:	
<b>C</b>	<b>REASONS FOR COMPLAINT</b> (Please provide detailed reasons for the complaint)

Signed at: \_\_\_\_\_ this: \_\_\_\_\_ day of: \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant/ Person aggrieved