

## DATA PRIVACY CUSTOMER COMPLAINT FORM

CUSTOMER INFORMATION	
Full Name (required):	Phone number:
Email address (required):	
Acting on behalf of someone else: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: Full Name (required): Relationship (required): Confirmation of consent (required): Yes <input type="checkbox"/> No <input type="checkbox"/> Parent or guardian for under 13 years of age: (optional) Yes <input type="checkbox"/> No <input type="checkbox"/>	If no: please be advised that we cannot proceed without consent.
Date of submission: ____ / ____ / ____	

COMPLAINT INFORMATION	
Description of complaint:	
<b>What type of issue is being raised? (tick all that apply):</b> <ul style="list-style-type: none"> <li>a) Unauthorised access <input type="checkbox"/></li> <li>b) Inaccurate or outdated personal data <input type="checkbox"/></li> <li>c) No response to a data rights request <input type="checkbox"/></li> <li>d) Data used without consent <input type="checkbox"/></li> <li>e) Lack of clear privacy information <input type="checkbox"/></li> <li>f) Breach of confidentiality <input type="checkbox"/></li> <li>g) Other <input type="checkbox"/></li> <li>h) Any additional background: (optional) <input type="checkbox"/></li> <li>i) Supporting documents or screenshots? Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>j) If Yes: Please send documents securely to <b>belinda.beepersonalva@gmail.com</b> using a protective password. Once sent, I will contact you on the number provided for you to share the password separately, ensuring your information remains safe and confidential.</li> </ul>	

**Desired outcome:**

Please let me know what you'd like to happen next:

- a) Data Correction
- b) Deletion
- c) Explanation
- d) Apology
- e) Other

If selected other, please provide more information below:

**Consent & Declaration:**

Please confirm the information provided is accurate: Yes

Please confirm that you understand your personal data will be used to investigate this complaint:

Yes, I understand and consent (required)

Would you like to receive an emailed copy of your submission for your records?

Yes

No