



COMPLAINT REGARDING INTERFERENCE WITH THE PROTECTION OF PERSONAL INFORMATION - ANNEXURE D

FORM 5

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, 2018 [Regulation 7]

Any person who wishes to submit a complaint contemplated in section 74(1) of the Act must submit such a complaint to the Regulator on Part I of this Form 5.

A responsible party or a data subject who wishes to submit a complaint contemplated in section 74(2) of the Act must submit such a complaint to the Regulator on Part II of this Form 5.

Note:

- 1. Affidavits or other documentary evidence as applicable in support of the request may be attached.
2. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.
3. Complete as is applicable.

Complaint regarding: (Mark the appropriate box)

- [] Alleged interference with the protection of personal information (Part 1 of this form)
[] Determination of an adjudicator (Part 2 of this form)

PART 1: ALLEGED INTERFERENCE WITH THE PROTECTION OF THE PERSONAL INFORMATION IN TERMS OF SECTION 74(1) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)

SECTION A DETAILS OF COMPLAINANT

Grid for complainant details including First Name/s, Surname, ID/Passport Number, Residential/Postal Address, Email Address, Telephone Number, Cell Number, and Fax Number.

SECTION B	DETAILS OF RESPONSIBLE PARTY INTERFERING WITH PERSONAL INFORMATION
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Registered name of responsible party:	
First Name/s:	
Surname:	
Residential/Postal Address:	
Email Address:	
Telephone Number:	C O D E
Cell Number:	
Fax Number:	C O D E

SECTION C	REASONS FOR COMPLAINT (Please provide detailed reasons for the complaint)
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PART 2: COMPLAINT REGARDING DETERMINATION OF ADJUDICATOR IN TERMS OF SECTION 74(2) OF THE PROTECTION OF PERSONAL INFORMATION ACT, 2013 (ACT NO. 4 OF 2013)

SECTION A	DETAILS OF COMPLAINANT
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First Name/s: <i>Registered name of data subject</i>	
Surname:	
ID/Passport Number:	
Residential/Postal Address:	
Email Address:	
Telephone Number:	C O D E
Cell Number:	
Fax Number:	C O D E

SECTION B**DETAILS OF ADJUDICATOR AND RESPONSIBLE PARTY**

First Name/s:
Registered name of adjudicator

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Surname:

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Residential/Postal Address:

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Email Address:

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Telephone Number:

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Fax Number:

C	O	D	E																	
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Cell Number:

C	O	D	E																	
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SECTION C**REASONS FOR COMPLAINT (Please provide detailed reasons for the grievance)**

Signed at: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Signature of Data Subject/Designated Person: _____

Please submit completed and signed form to informationofficer@medshield.co.za