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, 2017

[Regulation 7]

Note:

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

Reference Number:…….

Mark the appropriate box with an "x".

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 ( )
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)
Contact number(s):	
Fax number:	
E-mail address:	

C	**REASONS FOR COMPLAINT***(Please provide detailed reasons for the complaint)*

PART II	**GRIEVANCE REGARDING DETERMINATION OF ADJUDICATOR** ***(Section 74(2) 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 ( )
Contact number(s):	
Fax number:	
E-mail address:	

B	**PARTICULARS OF ADJUDICATOR**

Full names and surname of adjudicator	
Name and surname of responsible party (*if it is a public or private body*):	
Name of responsible party (*if it is a public or private body*)):	
Residential, postal or business address:	
	(Code. .....)
Contact number(s):	
Fax number:	
E-mail address:	

C	**REASONS FOR COMPLAINT** *(Please provide detailed reasons for the grievance)*

Signed at ..... this ..... day of .....20……..

.....
Signature of complainant/person aggrieved