

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 this Form 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 <i>(if the person is a natural person)</i>	
Name of public or private body <i>(if not a natural person)</i> :	
Residential address <i>(if applicable,,: postal address or business address:</i>	
	(Code)
Contact number(s):	
Fax number:	
E-mail address:	
C	REASONS FOR COMPLAINT <i>(Please provide detailed reasons for the complaint)</i>
PART II	GRIEVANCE REGARDING DETERMINATION OF ADJUDICATOR <i>(Section 74(2) of the Protection of Personal Information Act, 2013 (Act No. 4 of 2013)</i>
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 (<i>if it is a public or private body</i>):	
Name of responsible party (<i>if it is a public or private body</i>):	
Residential, postal or business address:	
	(Code.)
Contact number(s):	
Fax number:	
E-mail address:	
C	REASONS FOR COMPLAINT (<i>Please provide detailed reasons for the grievance</i>)

Signed at this day of20.....

.....
Signature of complainant/person aggrieved