# 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.*

Mark the appropriate box with an "x".

# Complaint regarding:

Alleged interference with the protection of personal information Determination of an adjudicator.

Reference Number:…….

|  |  |
| --- | --- |
| **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*