

Personal Data Related Complaint Form

Complainant Information	
NAME	DATE FORM SUBMITTED
JOB TITLE / DEPARTMENT	REPORTING MANAGER

DETAILS OF EVENT LEADING TO COMPLAINT	
DATE, TIME, AND LOCATION OF EVENT	WITNESSES if applicable
ACCOUNT OF EVENT	VIOLATIONS
Provide a detailed account of the occurrence. Include the names of any additional persons involved.	Provide a list of any policies, procedures, or guidelines you believe have been violated in the event described.

Please retain a copy of this form for your own records. As the complainant, please provide your signature below, as it indicates that the information you've included on this form is truthful.

SIGNATURES	
SIGNATURE	DATE
RECEIVED BY HR/DPO	DATE

To be completed by HR/DPO

RECOMMENDATION (BASED ON ROOT CAUSE ANALYSIS, IF ANY) BY HR

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SIGNATURES

ENDORSED BY HR	DATE

APPROVED BY MANAGEMENT	DATE

ACCEPTANCE BY COMPLAINANT	DATE

To be completed by HR

LEARNINGS FROM CASE

Policies/Processes to be updated:
Date of update:
Date of communication to all: