

## Appendix 1 – Holland Beckett PRIVACY ACT COMPLAINT FORM

**Date:**

1. Your name and contact details

**Name:**

**Postal address:**

**Email:**

**Telephone number:**

2. The name and position of the person within Holland Beckett (or related entity) about whose actions you are complaining (*they will be advised of your complaint*)

**Name:**

**Position:**

**Company:**

3. Have you already contacted the person concerned about your complaint?

**Yes / No**

***If yes, what was the response? Please attach copies of any correspondence that you have had with the person about the matter.***

4. What would you like to see happen to resolve your complaint?

5. What is the complaint about? (Please tick the relevant box or boxes and provide details)

(a) That you have asked for access to information about you and that request has been refused;

(b) That you have asked for information about you to be corrected, or have provided a statement of correction to be attached, and that request has been refused;

*If you have asked for access to information about yourself or have asked for correction of information about yourself, please send us copies of the request and the response or give clear details of when the request was made.*

(c) That information about you was disclosed to someone else (please specify what information was disclosed, when it was disclosed and to whom it was disclosed);

(d) That information about you was used without being checked to see if it was correct;

(e) That information about you was unlawfully or unnecessarily collected (please specify what information was collected, and from whom it was collected);

(f) That information about you was not kept reasonably secure;

(g) Other (please specify)

*Please attach copies of any documents you have which can show what happened, or make clear notes of what happened (with dates and other details).*

6. Explain how this action or these actions have caused (or may cause) a negative effect on you (*please provide evidence where available*)