



Complaints and Investigation Division

RECEIVED BY:

Name: _____

Date and Time: _____

Republic of the Philippines
NATIONAL PRIVACY COMMISSION

COMPLAINTS AND INVESTIGATION DIVISION

COMPLAINTS-ASSISTED FORM

REMINDERS: Complaints that are insufficient in form and in substance may cause the **outright dismissal** of your complaint. To avoid that:

1. Always fill out the Complaints-Assisted Form **legibly, completely and accurately.**
2. Do not forget to **attach all your evidence/proof** to support your complaint.
3. Submit **ONE COMPLAINT FORM PER RESPONDENT.**
4. Provide us with a **valid government issued I.D.** List of accepted government issued IDs:
 - Philippine Passport
 - Philippine Driver's License
 - PRC ID
 - Postal ID
 - Voter's ID
 - GSIS Card
 - SSS Card
 - TIN Card
 - Student ID

PRIVACY NOTICE: We collect the following personal information from you when you manually or electronically submit to us your complaint/s: *Full Name, Home address (Full Address see CAF Form), E-mail address, Contact number, ID information.*

USE: The collected personal information will be utilized solely for documentation and processing of your complaint/s within the NPC and, when appropriate, endorsement to other government agency/ies that has/have jurisdiction over the subject of your complaint.

PROTECTION MEASURES: Only authorized NPC personnel has access to this personal information, the exchange of which will be facilitated through email and hard copy. NPC will only retain personal data **as long as necessary** for the fulfillment of the purpose.

COMPLAINANT INFORMATION	
Name:	
Complete Address:	<i>Unit/Room/Floor/Bldg. No.</i> <i>Building Name/Tower</i>
	<i>Lot/Block/Phase/House No.</i> <i>Street Name</i>
	<i>Subdivision/Village/Zone, Barangay</i>
	<i>Town/District</i>
	<i>Municipality/City</i> <i>Province</i>
	<i>Zip Code</i>
E-mail address:	
Contact number:	
Female	Male

RESPONDENT INFORMATION	
Name:	
Complete Address:	<i>Unit/Room/Floor/Bldg. No.</i> <i>Building Name/Tower</i>
	<i>Lot/Block/Phase/House No.</i> <i>Street Name</i>
	<i>Subdivision/Village/Zone, Barangay</i>
	<i>Town/District</i>
	<i>Municipality/City</i> <i>Province</i>
	<i>Zip Code</i>
E-mail address:	
Contact number:	
Female	Male

ALLEGATIONS: Personal information that respondent has processed: *(List the personal information processed. Examples of personal information: name, age, address, marital status, email address)*

1. _____
2. _____
3. _____
4. _____
5. _____

EXHAUSTION OF REMEDIES

Contacted respondent, in writing, to allow respondent to act on the complaint

Attach as supporting documents, any and all correspondence with the respondent on the matter complained: *(Please list and properly identify all documents attached)*

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Did not contact respondent. State reason:

VIOLATION SUBJECT OF COMPLAINT *(Tick the box/es that may apply)*

- | | |
|--|--|
| <input type="checkbox"/> Sec. 25 Unauthorized Processing | <input type="checkbox"/> Sec. 28. Processing for Unauthorized Purposes |
| <input type="checkbox"/> Sec. 26. Access due to Negligence | <input type="checkbox"/> Sec. 31. Malicious Disclosure |
| <input type="checkbox"/> Sec. 27. Improper Disposal | <input type="checkbox"/> Sec. 32. Unauthorized Disclosure |

Date and Time of the Incident: _____

Place of Incident: _____

RELIEFS PRAYED FOR: (Tick the box/es)

What would resolve this complaint for you? Minimum of one item must be selected. You may also opt to select a combination of the items provided. Please explain each item selected.

Damages

Fine

Others, please describe

I accomplished and reread the foregoing complaint and hereby attest that all the allegations contained therein are true and correct of my own personal knowledge and based on authentic records.

Complainant
(Signature over Printed Name)

Note: If the complainant wishes to apply for a temporary ban on processing of personal data, a separate application should be filed. It must be verified and shows facts entitling the complainant to the relief demanded.

SUBSCRIBED AND SWORN to before me on this day of _____, affiant exhibiting to me his/her _____ I.D. with No. _____ issued on _____ at _____ bearing his/her photo and signature.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.

**VERIFICATION AND CERTIFICATION
OF NON-FORUM SHOPPING**

I, _____, Filipino, of legal age, and a resident of _____ after having duly sworn to in accordance with law, do hereby depose and state:

1. The allegations in the complaint are true and correct based on my personal knowledge, or based on authentic documents;
2. The complaint is not filed to harass, cause unnecessary delay, or needlessly increase the cost of litigation;
3. The factual allegations therein have evidentiary support or, if specifically so identified, will likewise have evidentiary support after a reasonable opportunity for discovery;
4. That I further certify that (a) I have not commenced any action or filed any claim involving the same issues in any court, tribunal or quasi-judicial agency and, to the best of my knowledge, no such other action or claim is pending therein; (b) if there is such other pending action or claim, a complete statement of the present status thereof; and (c) if I should thereafter learn that the same or similar action or claim has been filed or is pending, I shall report that fact within five (5) calendar days therefrom to this Honorable Commission .

IN WITNESS WHEREOF, I have hereunto affixed my signature this ____ day of _____ in _____.

Affiant
(Signature over Printed Name)

SUBSCRIBED AND SWORN to before me on this day of _____, affiant exhibiting to me his/her _____ I.D. with No. _____ issued on _____ at _____ bearing his/her photo and signature.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.