COMPLIANT FORMS

(This form ensures that individuals can submit compliant regarding their data privacy concerns in an organized manner.it includes necessary fields to capture relevant details and give the Commission a clear understanding of the issue to facilitate resolution)

Full Name of Data Subject

Email

Location

Phone number

Name of respondent

Contact details

Organization

Date of alleged incidence

Are you aware of any specific data processing that caused the compliant?

Yes/No

If yes, provide details

Description of compliant

What outcome are you seeking in relation to this compliant?

() Correction of personal data

() Deletion of personal data

() Explanation of data processing

() Other (please specify)

Have you raised the compliant with any other party (eg service provider, third party?

Yes/No

If yes please specify

Supporting Document (kindly attach any supporting documents)

Declaration

By submitting this form, I confirm that the information provided is accurate to the best of my knowledge. I understand that DPC will use this information to investigate the compliant and take necessary actions to address it

Sign ……..

Date ……

Contact info for DPS

If you have any questions or need further assistance, please contact our Data Protection Supervisor via

Email**: dps@dataprotection.org.gh**

Phone: **0256301360**