



## **ADAMS HENDRY CONSULTING LIMITED DATA PROTECTION COMPLAINT FORM**

### **Use of this form**

This form is to be used when you wish to make a data protection complaint to the Company. Please refer to our Data Protection Complaints Policy for more information on your right to complain.

Upon completion, please return the form to Philip Rowell (p.rowell@adamshendry.co.uk). We will acknowledge receipt of your complaint within 30 days of receiving it. We will investigate your complaint and inform you of our decision without undue delay.

Please complete the following sections of this form in as much detail as possible to aid the efficient handling of your complaint.

### **Personal details**

Title:

Forename(s):

Surname:

Home address:

Contact no:

Email address:

### **Details of complaint**

*Please use the space below to set out your complaint in as much detail as possible. If appropriate, please include any dates relevant to your complaint and what outcome you are looking for to resolve your complaint.*

**Declaration (please read this carefully before signing)**

I confirm that I am the individual named above.

I have attached evidence to this form which verifies my identity.

I understand that, if I have not provided such evidence, the Company is under no obligation to respond to my complaint until I have provided that information.

Signed:

Date:

***Office use only***

Date form received

Date complaint must be acknowledged by (within 30 days of receipt)

Date complaint acknowledged (attach copy of letter to this form)

Date complaint outcome provided