



OFFICE OF THE  
**DATA**  
PROTECTION COMMISSIONER

## **DATA PROTECTION (PRIVACY) COMPLAINT FORM**

**Data Protection (Privacy of Personal Information) Act, 2003**

First Floor  
Cecil Wallace Whitfield Center  
West Bay Street  
P. O. Box N-3017  
Nassau, Bahamas

Telephone (242) 702-1552  
Fax: (242) 327-7501  
E-mail: [dataprotection@bahamas.gov.bs](mailto:dataprotection@bahamas.gov.bs)

**Office of the  
Data Protection Commissioner**

**Privacy Complaint Form**

**Privacy Complaint under the  
Data Protection (Privacy of Personal Information) Act 2003**

Note: Your privacy complaint should be sent to the attention of the Data Protection Commissioner

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Your Information **Mr.**  **Mrs.**  **Ms.**  **Miss.**

Surname \_\_\_\_\_

Given Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/Island \_\_\_\_\_ Country \_\_\_\_\_ P. O. Box \_\_\_\_\_

Telephone Daytime \_\_\_\_\_ Evening \_\_\_\_\_

E-mail Address\* \_\_\_\_\_

\*I consent to being contacted at this e/mail address or through that of my representative on my behalf. I acknowledge that sending e-mail over the Internet is not secure, in that it can be intercepted and/or manipulated and retransmitted.

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**Representative Information (Complete only if you will be represented.)**

I authorize the following person to act on my behalf and to receive any personal information pertaining to me, as necessary to investigate this privacy complaint.

Representative is a:  **Lawyer**  **Agent** **Mr.**  **Mrs.**  **Ms.**  **Miss**

Surname \_\_\_\_\_

Given Name (s) \_\_\_\_\_

Name of Company, Association or Organization \_\_\_\_\_

Street Address \_\_\_\_\_

Country/Island \_\_\_\_\_ Country \_\_\_\_\_ P. O. Box \_\_\_\_\_

Telephone Daytime \_\_\_\_\_ Evening \_\_\_\_\_

E-mail Address\* \_\_\_\_\_

**Office of the  
Data Protection Commissioner**

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**Consent to Disclose Details of your complaint to the Institution**

Please select one of the following:

- I consent to details of my complaint, including my name and any other relevant information, to be disclosed to the institution concerned for the purpose of the investigation of this complaint.
- I do not consent to my details being disclosed to the institution.

Have you complained directly to the institution first?

- YES
- NO

**Please note:**

Complaining first to the institution allows the business an opportunity to put things right at an early stage. We would recommend that you contact the institution's Data Protection Officer in the first instance, before complaining to the Commissioner. If you are not able to resolve your complaint satisfactorily this way, please come back to us and we will do what we can to help you.

**Institution Information**

Name of Institution the Complaint Relates to \_\_\_\_\_

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**Details of the Complaint**

I have reason to believe that one or more of the following has occurred:

- The institution has inappropriately collected my personal information.
- The institution inappropriately disclosed my personal information.
- The institution has inappropriately used my personal information.
- The institution has inappropriately disposed of my personal information.
- Other – please explain:

Please provide a detailed description of your privacy complaint covering the what, when, who, how, where, and why of what happened. (If you need additional space, please attach as many pages as necessary.)

**Office of the  
Data Protection Commissioner**

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**Details of the Complaint (cont'd)**

**Office of the  
Data Protection Commissioner**

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**Resolution of Complaint**

Please describe how your privacy complaint could be resolved.

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**Information about the Privacy Complaint Process**

For more information about the Data Protection Policy Statement on complaint handling, please contact our office at (242)-702-1552 or (242) 702-1534, or visit our website at [www.bahamas.gov.bs/dataprotection](http://www.bahamas.gov.bs/dataprotection)

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**Where to send the form?**

**Mail the complaint to:  
The Data Protection Commissioner  
First Floor  
Cecil Wallace Whitfield Centre  
West Bay Street  
P. O. Box N-3017  
Nassau, Bahamas**

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**Signature**

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please note that any complaint received by the Office of the Data Protection Commissioner will be treated in the strictest confidence and no personal information relating to you will be disclosed to any third party without your prior consent. Personal information provided on this form is collected in accordance with the provisions of the Data Protection (Privacy of Personal Information) Act, 2003.**

*Thank you for taking the time to complete this form*