

## DATA PROTECTION COMPLAINT FORM

Please submit the completed form via email to [info@ombudsman.ky](mailto:info@ombudsman.ky) or by postal mail to PO Box 2252, Grand Cayman KY1-1107, Cayman Islands, or in person at the Office of the Ombudsman, located at 5<sup>th</sup> Floor, Anderson Square, 64 Shedden Road, George Town, Grand Cayman.

### Personal Information

Your full name:

\_\_\_\_\_

*Last* *First* *Middle Initial*

Address (if you would like us to contact you by postal mail):

\_\_\_\_\_

*Mailing Address* *Postal Code*

Phone (if you would like us to contact you by phone):

\_\_\_\_\_

Email (if you would like us to contact you by email):

\_\_\_\_\_

### Complaint

#### Organization you are complaining about

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

*Mailing Address* *Postal Code*

Contact person (if available):

\_\_\_\_\_

Reference/ Case # (if available):

\_\_\_\_\_

Phone:

\_\_\_\_\_

Email:

\_\_\_\_\_

Details of the complaint

**I am complaining:**

- on my own behalf as the aggrieved person.
- on behalf of another as the aggrieved person [please provide written authorization to submit a complaint on behalf of the aggrieved person, and their name and contact details].

**I am complaining about:**

**Accessing my (or the aggrieved person's) information held by an organization**

- The organization did not respond to my request.
- The organization refused my request.
- The organization did not send me everything I wanted.

**Handling of my (or the aggrieved person's) personal information by an organization**

- The organization is using my information in a way I do not want them to.
- The organization is using my information for a different purpose than they collected it for.
- The organization is refusing to delete my information or keeping it too long.
- The organization has failed to keep my information secure.
- The organization is contacting me against my wishes.
- The organization is refusing to correct my information.

**Further details (specify any further information you believe to be relevant, e.g. complaint history, other background information)**

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**Evidence attached (e.g. communications with organization, direct marketing received)**

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**What outcome are you seeking?**

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I confirm the above is correct and true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Privacy Notice**

The Office of the Ombudsman collects personal data of complainants, appellants and third-party individuals necessary for the exercise of its statutory mandates under the following legislation and associated regulations: The Ombudsman Law, The Complaints (Maladministration) Law, The Police (Complaints by the Public) Law, The Whistleblower Protection Law, The Freedom of Information Law, and The Data Protection Law.

Any personal data obtained through our website, forms, correspondence and via other means will be used to respond to inquiries, and for processing, resolving, investigating and deciding of complaints and appeals. We may also use such data in an anonymized form to compile statistics and undertake research and analysis.

For an explanation of your rights under the Data Protection Law, 2017, please consult the guidance for the general public on our website: <https://ombudsman.ky/data-protection/public>

Your views are valuable to us. If you have any questions or concerns, please contact us: <https://ombudsman.ky/get-in-touch>