

ANNEXURE B: POPIA COMPLAINT FORM

We are committed to safeguarding your privacy and the confidentiality of your personal information and are bound by the Protection of Personal Information Act.

Please submit the completed form to the Information Officer below:

Name	
Email address	

Particulars of Complainant

Name and Surname	
Identity Number	
Mobile number	
Email address	
Years associated with Cheryl Fisher Occupational Therapists	

Details of complaint:

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Desired Outcome

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Signature	Date
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Where we are unable to resolve your complaint to your satisfaction you have the right to complain to the Information Regulator who can be contacted at <http://www.justice.gov.za/inforeg/index.html>