

Complaint Form for Misuse of Personal Data

If you wish to lodge a complaint with Hwa Chong International School (HCIS) in relation to its handling of your personal data, please provide us with the following information:

1. Who do you want to complain about?

2. What is your relationship with HCIS? (Please tick one of these)

<input type="checkbox"/>	HCIS Staff	<input type="checkbox"/>	HCIS Student	<input type="checkbox"/>	HCIS Parent
<input type="checkbox"/>	Former HCIS Staff	<input type="checkbox"/>	HCIS Alumni	<input type="checkbox"/>	Former HCIS Parent
<input type="checkbox"/>	Job Applicant	<input type="checkbox"/>	Student Applicant	<input type="checkbox"/>	Vendor
<input type="checkbox"/>	For others, please specify:				

3. What is your complaint? Explain why you think Hwa Chong International School has not complied with the requirements of the Personal Data Protection Act (Act 26 of 2012) (“PDPA”).

4. Supporting evidence

Please select the documents(s) you will be sending to us:

- Evidence of the personal data (if any) which you think has not been handled in accordance with the PDPA;
- Details about how the personal data has not been handled in accordance with the PDPA;
- Copies or a record of any communication between yourself and Hwa Chong International School relating to the complaint.

5. When were you aware of the problem?

Date	
Circumstances when you were aware of the problem	

6. Your contact details

Name		Email Address	
Contact Number(s)		Address	

If you are filling in this form on behalf of the complainant, please send us any documentation proving that you have the authority to act on behalf of the complainant.

7. Declaration

Please read the following statements and tick the relevant box to confirm your consent:

- I have included all the necessary documents to support my complaint.
- I understand that during any necessary investigations, Hwa Chong International School may need to share the details, I have provided in order to investigate.
- The information I have provided in this complaint is true, complete and accurate, to the best of my knowledge.
- I have read and agreed to this declaration.

Name: _____ **Signature:** _____ **Date:** _____

Note:

- The information submitted to us in this form is necessary for processing your complaint and any inaccuracies, errors or omissions in the personal data submitted may result in delays in processing the request and/or our inability to process your request.
- You can also send your complaint to the Data Protection Officer at dp@hcis.edu.sg

8. Data Breach Management Response Plan (For Office Use Only)

a. Type of Compliant Received (Please tick one of these)

<input type="checkbox"/>	Unlawful Processing of Personal Data	<input type="checkbox"/>	Misuse of Personal Data
<input type="checkbox"/>	Unauthorised access to Personal Data	<input type="checkbox"/>	Loss of Personal Data

b. Identified Key Witness(es) (if any litigation or regulatory proceedings)

S. No.	Witness Name	Company	Contact Number

c. List of Vendor(s) needed to be consulted for current breach

S. No.	Company Name	Contact Person	Contact Number	Remarks

d. Reporting the Incident

Affected Parties	Reported to	Reported by	Reported Medium	Date and Time
Personal Data Protection Commission				
Stakeholders				
1.				
2.				
3.				

e. Mitigation Efforts Taken
