

SCHEDULE

FORM DPC 1

(r. 4 (2)(a))

COMPLAINT SUBMISSION FORM

A. PARTICULARS OF THE COMPLAINANT/ REPRESENTATIVE	
Full Names	
National Identification Card Number/ Passport Number	
Contact information (Phone number/ email address)	
B. PARTICULARS OF THE COMPLAINT	
Describe your complaint;	
Indicate to whom the complaint is against;	
When did you become aware of the alleged breach	
C. REMEDY SOUGHT	
Explain the remedy you are seeking for the alleged breach;	
D. Which other steps have you already taken in relation to the Complaint, if any	
State any other institution contacted over the complaint, if any.	

Signature

Date

Note

** If the space provided for in this Form is inadequate, submit information as an annex.*

** If you have supporting documents to substantiate your claim, please annex copies to this Form.*

** The information submitted will be treated with the upmost confidentiality.*