

POPIA Complaint Form

Experian Data Processing Complaint Form

Please complete the form below in as much detail as possible so that we can assist you with your data processing complaint.

1. Affidavits or other documentary evidence as applicable in support of the objection may be attached.
2. If the space provided for in this Form is inadequate, submit information as an Annexure to this Form and sign each page.
3. Complete as applicable and email this Form, together with a copy of your identification document, to informationofficerafrica@experian.com. (*We require a copy of your ID to verify you).

Mark the appropriate box with an "x".

Are you:

☐

Personally affected by the issue(s) at stake in your complaint?

☐

Not personally affected, but would like to draw the attention of Experian to an alleged infringement of data subject rights, acting as an informant or whistle-blower?

A	Details of Data Subject
Name(s) and surname/ registered name of Data Subject:	
Unique Identifier / Identity Number:	
Contact number(s):	
E-mail address:	
B	Details of Lawyer <small>(Please note: If you are a lawyer acting on behalf of a client, please enter your client's details above and enter your details below and attach a power of attorney.)</small>
Name(s) and surname/ registered name of Data Subject:	
Unique Identifier / Identity Number:	
Contact number(s):	
E-mail address:	
C	Describe your complaint and specify which data subject right or requirement in POPIA you believe has been infringed by Experian <small>(Please provide detailed reasons for the complaint)</small>
D	Please explain what you would like Experian to do in order to remedy the alleged infringement/s
E	When did you become aware of the alleged infringement/s?

Experian treats all complaints as confidential. However, the investigation of your complaint may require disclosing your identity and the allegations you made to the Information Regulator and, if necessary, for the investigation, to other third parties involved, including law enforcement, where relevant.

Do you accept this standard confidential treatment of your complaint? If not, and you wish to remain anonymous to the institution concerned, to the relevant Data Protection Officer, or to third parties, please explain the reasons for your request. Please also explain which additional safeguards you would like us to take. We will consider how far we can implement these requests and will keep you informed.

☐ Yes

☐ No

If no, please explain your reason for not accepting the above and additional safeguards you wish us to take.

I acknowledge having read and understood Experian's Privacy Notice.

☐ Yes

Signed at this day of20.....

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Signature of Data Subject/Designated Person