

DATA PROTECTION COMPLAINTS FORM

Provided by SMTO for member use



Name of business, clinic or practice:

Spaegie Massage Therapy

Please complete this form if you wish to raise a concern about how we, the business named above, have handled your personal information.

Section 1, Your details

Full name:

Email address:

Telephone or mobile number:

Postal address, if you want us to reply by post:

Your preferred contact method:

Are you completing this form for yourself or on behalf of someone else?

- Myself
- Someone else

If you are completing this form on behalf of someone else, please explain your relationship to that person and provide evidence that you have authority to act for them.

Section 2, What is your connection with us?

Please tick the most relevant option.

- Current client

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- Former client
- Student or course attendee
- Parent, guardian or representative
- Professional contact
- Supplier
- Other

If 'other', please explain:

Section 3, What is your complaint about?

Please tick any that apply.

- I am concerned about how my personal information was collected.
- I am concerned about how my personal information was used.
- I am concerned about how my personal information was stored or secured.
- I am concerned that my personal information was shared.
- I am concerned about how long my personal information has been kept.
- I believe the information held about me is inaccurate.
- I asked to see my records, (Data Subject Access Request / DSAR), and I am unhappy with the response.
- I asked for information to be corrected, and I am unhappy with the response.
- I asked for information to be deleted, and I am unhappy with the response.
- I asked for use of my information to be restricted, and I am unhappy with the response.
- I am concerned about marketing messages.
- I am concerned about health information or other sensitive information.
- Other data protection concern.

If 'other', please explain:

Section 4, Please describe your concern

Please explain what happened, when it happened, and why you are concerned about how your personal information has been handled.

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Section 5, Dates and records involved

Approximate date or dates involved:

Please describe any records, messages, appointments, emails, forms, treatment notes, course records or other information involved.

Have you already contacted us about this issue?

Yes

No

If yes, please tell us when and how you contacted us.

Section 6, What outcome are you seeking?

Please tell us what you would like us to consider.

Explanation of what happened

Correction of inaccurate information

Deletion of information, where appropriate

Restriction of further use of information, where appropriate

Copy of information held about me

Review of how my information was handled

Change to practice procedure

Other

If 'other', please explain:

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Any other additional details:

Section 7, Supporting information

Please list any documents, emails, messages or other information you are providing with this complaint.

Section 8, Declaration

I confirm that the information I have provided is accurate to the best of my knowledge. Name:

Signature, if completing in print:

Date:

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