



ANNEX “I”

DATA SUBJECT COMPLAINT FORM

This form should be completed if you are filing a complaint relative to your personal information held by Sorsogon State University (SorSU) under the Data Privacy Act of 2012. The information requested will enable us to confirm the identity of the person filing the complaint and to find any data held about you.

I. Contact Details [Complainant]:

Name	
Address	
Telephone Number	
Email address	

Are you the Data Subject (i.e. the person whose Personal Data is subject of the Complaint)?

Yes		SorSU is required to ensure that the information it processes is secure. We can only act on the complaint if we are satisfied that you are the Data Subject of the same. To ensure we can confirm your identity please provide us with a copy of one (1) government-issued identification card (e.g. driver’s license, passport, PRC license, etc.)
No		Are you acting on behalf of the Data Subject with his/her express permission, or with the appropriate legal authority? If so, this must be evidenced in writing and enclosed with this form. Please also enclose proof of the Data Subject’s identity as described above. Please ensure you complete Part II of this form.

Is the Data Subject a current or former student/employee of SorSU? If yes, please provide details:

Doc Code:	FM-DPO-008	Effectivity Date:	October 16, 2025
Revision No.:	00	Page No.:	1 of 3



II. Details of the Data Subject (if different to those provided in Part I above):

Name	
Address	
Telephone Number	
Email address	
Legal status in relation to the Data Subject (if you are not the Data Subject please briefly describe your relationship with them (e.g. legal advisor, insurer, spouse, parent, guardian, etc.) and explain why you are making this complaint on his/her behalf. This should be supported by an appropriate letter of consent from the Data Subject where this is possible)	

III. Complaint

The Data Privacy Act allows SorSU to request you to supply the information it reasonably requires to process your complaint. Please provide us with the specific details of your complaint. (Please continue on a separate sheet if necessary)

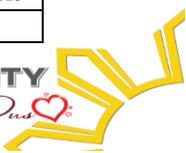
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IV. Declaration:

I certify that the information given on this application form is true and accurate. I acknowledge that it will be used solely for the purpose of processing my request and providing me with a response. I understand that it may be necessary for me to provide additional information in order for SorSU to confirm my identity (or that of the Data Subject) and/or locate relevant personal information.

Signature	
Print Name	
Date	

Doc Code:	FM-DPO-008	Effectivity Date:	October 16, 2025
Revision No.:	00	Page No.:	2 of 3



V. Submission of request:

Once complete, please file with the DPO three (3) printed copies of the signed form enclosed in a sealed and labeled envelope, or send in portable document format (PDF) to:

Data Protection Officer
Sorsogon State University
Magsaysay Street, Salog (Pob.), Sorsogon City, Sorsogon
Tel. No.; 056 211-0103 loc. 1000
dpo@sorsu.edu.ph

Doc Code:	FM-DPO-008	Effectivity Date:	October 16, 2025
Revision No.:	00	Page No.:	3 of 3

