

AUTORITATEA NAȚIONALĂ DE SUPRAVEGHERE A PRELUCRĂRII DATELOR CU CARACTER PERSONAL

BD. G-RAL GHEORGHE MAGHERU NR. 28-30

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COMPLAINT

Application of Regulation (EU) no. 2016/679

The fields marked with * are mandatory.

I. How to file a complaint*:

Personal

By representative

Lawyer

Please attach the power of attorney*:

Body/Organisation/Association/Foundation – without patrimonial purpose

Please attach the power of attorney or the notary proxy, the status of the organization, as well as evidence regarding the activity in the field of the protection of the rights and freedoms of data subjects with regard to the protection of their personal data*:

Other representative

Please attach the notary proxy for representation or the petitioner's own declaration *:

Info: In the case of spouses or relatives up to the alter native degree, a declaration on own responsibility signed by the petitioner is attached, and in the case of other persons, the notary proxy is attached.

II. Identification data of petitioner*:

Surname*

First name*

Address of domicile or residence:

Country*

Town, County/District*

Street*

Number*

Info: If no postal number is assigned, "FN" is added ("no number").

Floor, Apartment

E-mail address*

Info: The email address is mandatory for communicating the registration number of the complaint and for submitting the reply, if you choose this method at the end of this form.

Telephone number

III. Identification data of the representative*:

Surname*

First name*

Name*

Address:

Country*

Town, County/District *

Street*

Number*

Info: If no postal number is assigned, "FN" is added ("no number").

Floor, Apartment

E-mail address*

Telephone number*

Fax number

Fiscal identification number

Registration number in the register of associations and foundations*

IV. The complained data controller/ processor*:

Natural person

Surname

First name

Legal person

Name

Address:

Country

Town, County/District

Street

Number

Floor, Apartment

E-mail address

Telephone number

Fax number

Website

Fiscal identification number

Registration number in the register of associations and foundations *

Other identification information

Info: This box is to be filled in especially if the exact identity of the data controller/processor is not known

V. The area in which the alleged infringement occurred *

Others

Please fill in:

VI. Object of the complaint *

Please select one or more objects (by using the CTRL key)

1. Infringement of a right

2. Infringement of the principles of processing
3. Infringement of the lawfulness of the processing
4. Breach of the security of the processing
5. Others

Please fill in:

*Please describe the object of the complaint *:*

Please attach proves:*

*Please describe the steps taken towards the data controller/processor to settle the complaint *:*

Please attach proves:

VII. Judicial actions*

Please indicate if you have brought an action with the same object and the same data controller /processor before the court:*

YES

Name of the court

File number

NO

VII. Previous complaints

Please indicate if you have previously addressed to ANSPDCP or another supervisory authority in a Member State a complaint with the same object:

To ANSPDCP

Please indicate the registration number and the date of registration of the complaint

To other supervisory authority

Please indicate the name of the supervisory authority, the registration number and date of registration of the complaint

VIII. Method of response*

Please specify how you want to receive an answer:

BY E-MAIL

BY REGULAR MAIL

Please fill in the postal mailing address:

I HEREBY DECLARE ON MY OWN RISK THAT THE DATA AND INFORMATION COMPLETED IN THIS FORM IS REAL AND CORRECT.

DATE*

DIGITAL SIGNATURE

I do not have a digital signature

The completed form is saved in your system and then sent to the address [plangere\[at\]dataprotection.ro](mailto:plangere[at]dataprotection.ro). Please note that the form with the attachments must not exceed 15 Mb.