



COMPLAINT ABOUT PRIVACY

Document Control

Issue No: 3

Issue Date: Jan 2024

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Return this completed form with any required accompanying documentation to Regent Exhibitions Ltd's Data Protection Manager at privacy@imexevents.com.

Complete this form using **black** ink and in BLOCK CAPITALS.

1 Data Subject Details

1.1 The below information will be used to verify your identity and search our records for you.

Provide the name and email address(es) of the data subject. We will use this as the criteria to search our records where required.	
First Name	
Last Name	
Email Address(es)	
We may need to contact you to discuss your request. Please provide a contact number including the international dial code.	
Contact Number	
To confirm your identity, please provide the below information. This should match the information we have on record when you last registered your details with us	
Job Title	
Organisation Name	
Organisation Country	



2 What is your complaint?

- 2.1 Please tell us the nature of your complaint. If you think we should have handled the data differently, please tell us how.
- 2.2 Provide details of the evidence; this is likely to be earlier correspondence between us. Where appropriate, please attach copies to this complaint.
- 2.3 Please provide the name(s) of any staff you dealt with.

If you require additional space, please attach additional document(s).



3 Details of Person Requesting the Information

- 3.1 If you are **not** the data subject, please complete this section. If you are the data subject then leave this section blank and continue to section 0.
- 3.2 Are you acting on behalf of the data subject with their written or other legal authority? (circle one)
- 3.2.1 Yes
- 3.2.2 No
- 3.3 If 'Yes' please state your relationship with the data subject (e.g. parent, legal guardian or solicitor)

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3.4 Please enclose proof with this request that you are legally authorised to obtain this information i.e. letter of authority or power of attorney.

3.5 Provide your name and contact information below.

First Name	
Last Name	
Contact Number	
Email Address(es)	



4 DECLARATION

4.1 To the best of my knowledge, the information I have provided is accurate.

4.2 I am the person identified in either Section 1 or 3 of this document.

I understand the information relating to this request, including any additional documents I have provided, will be retained for two years, or for longer if it is appropriate.

Date

Print Name

Signature