Privacy Allegation – Investigation Information



I, (Full name)
Of,(Address)
Do solemnly and sincerely declare:
My Information
I am the authorised account holder for mobile number
My Date of Birth is
My Contact Number is
Allegation of Privacy Breach
When did the alleged privacy breach occur?(Day/month/year)
By whom did the alleged privacy breach occur?
Where do you believe the privacy breach occurred?(Store/Contact Centre etc)
What are the particulars of the alleged breach of privacy? (How do you believe your privacy was breached and what evidence of this do you have?)
Signature
Full Name (Please Print)
Signature (Please Sign)
Date Signed
Please attach and send this document plus any further information relevant to your allegation to:
Privacy Co-ordinator

Privacy Co-ordinator PO BOX 2580 KDC Kingston TAS 7050 FAX: 1300 437 274

Email: Privacy@vodafone.com.au

Completed forms must be mailed, faxed or emailed to the above details and are not accepted in store. Please note the form must be completed fully and signed.