

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?

_____ (Name of person)

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?)

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
PO BOX 1113, North Sydney, NSW 2060

Email: admin@lebara.com.au

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