



## About

This form is intended for data subjects who wish to file a formal complaint regarding the handling of their personal data by Wolfson College in the University of Oxford, in accordance with the Data (Use and Access) Act 2025. The form should be completed by the data subject.

If you believe your rights have been infringed or your data have been mishandled, please raise the issue informally with the College Secretary in the first instance if possible, or complete this complaint form and submit it to the College Secretary at [dpo@wolfson.ox.ac.uk](mailto:dpo@wolfson.ox.ac.uk). The College will endeavour to respond to your complaint within 30 calendar days.

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Full name	
Date of birth	
Email address	
Contact number	
Postal address	

☐ Email      ☐ Phone      ☐ Postal mail

What is your relationship to Wolfson College?

☐ Visitor      ☐ Other:

- ☐ Name
- ☐ Contact information
- ☐ Academic records
- ☐ Financial data
- ☐ Health data
- ☐ Biometric data

☐ Other personal data:

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Please describe the issue in detail, including relevant dates and context:

Have you contacted Wolfson College about this issue previously?

☐ Yes      ☐ No

If yes, please provide the date and outcome of that communication:

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#### **SECTION 4: Desired Outcome**

What outcome are you seeking?

- ☐ Access to personal data
- ☐ Correction of inaccurate data
- ☐ Erasure of data
- ☐ Restriction of processing

- ☐ Data portability
- ☐ Objection to processing
- ☐ Other: \_\_\_\_\_

#### **SECTION 5: Supporting Documentation**

Please attach any relevant documents or evidence:

- ☐ Correspondence with the College
- ☐ Submitted access or deletion requests
- ☐ Screenshots or written evidence
- ☐ Proof of identity (if not already known to the College)
- ☐ Other: \_\_\_\_\_

#### **SECTION 6: Declaration**

I declare that the information provided in this form is accurate and that I am the individual to whom the data relates, or am authorised to act on their behalf and have provided documentation which demonstrates this and proves my identity.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Please submit this form to the College Secretary at [dpo@wolfson.ox.ac.uk](mailto:dpo@wolfson.ox.ac.uk) or by post to  
Wolfson College, Oxford, Linton Road, Oxford, OX2 6UD.