

# GRACE (S.C.C.) CHURCH

## 新加坡华人基督教会怀恩堂

### COMPLAINT FORM 投诉表格

#### PART I: PARTICULARS 个人资料

Please provide us with your particulars so that we can verify your identity in order to process this request.  
请向我们提供您的个人资料，以便我们可以验证您的身份后，处理此请求。

Name (as in NRIC/Passport):		姓名 (按照身份证/护照):	NRIC/Passport No. <sup>1</sup> : 身份证/护照号码 <sup>1</sup>
Address: 地址			Membership No. (if applicable) <sup>2</sup> : 会友编号 (如适用) <sup>2</sup>
Postal Code ( ) 邮区			
Contact Nos. 电话号码	Home: 住家 Fax: 传真	Mobile: 手机 Office: 办事处	Please tick (if applicable) 请在适当项目打勾 (如适用) <input type="checkbox"/> CC 粤语崇拜 <input type="checkbox"/> EC 英语崇拜 <input type="checkbox"/> MC 华语崇拜
Email Address: 电邮			

Party complained against (If possible, please identify the party by whom the act or practice in question was done or engaged in) 被投诉者 (如可能的话, 请注明其所造成被投诉的行为, 或有被质疑之举动)	
Please state the nature of your complaint (State clearly how, when, by who, and which of your personal data was collected, used, disclosed or processed) 投诉的性质 (请注明哪一项个人资料怎样, 何时及被谁收集, 使用或披露)	
Please list down any supporting documents or evidence provided and attach a copy (if any) 请列出任何证明文件或证据并附上副本 (如有)	
Do you consent to the disclosure of your identity to the party complained against? 您是否同意向对方披露您的身份?	Please tick one of the 2 boxes <input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup> Please attach a copy of your NRIC or Passport for verification 请附上您的身份证或护照复印以作验证

<sup>2</sup> Please attach a copy of your membership card for verification 请附上您的会友证以作验证

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### PART II: DECLARATION 声明

I am the Individual named in Part I of this form. I hereby declare and confirm that all information and supporting documents provided by me in connection with this complaint are true, accurate and complete. I understand that it will be necessary for Grace (S.C.C.) Church to verify my identity and that Grace (S.C.C.) Church may contact me for more detailed information in order to clarify or respond to any matters regarding this complaint. I consent to the collection, use and disclosure of the personal data that I have provided in this form for the purpose of complying with this complaint.

本人作为此表格第一部分的当事人，谨在此声明及确定有关此项投诉所提供之资料和证明文件全是真实、正确及完整。本人得悉新加坡华人基督教会怀恩堂有必要验证本人身份，并可能联络本人索取更多有关此项投诉的详细资料。为配合这个查询资料的申请，本人同意有关此项投诉所提供之资料，将会被收集，使用及披露。

Signature:

签名

Date:

日期

### Important Notes 重要备注:

- 1) Please complete the Part I and Part II above and return it to:

请填写以上第一及第二部分并寄回致:

The Personal Data Protection Officer  
Grace (S.C.C.) Church  
14 Queens Street  
Singapore 188536

个人资料保护专员  
新加坡华人基督教会怀恩堂  
奎因街 14 号  
新加坡邮区 188536

- 2) Your complaint will be processed diligently and you will be informed of the results within 30 days, from the date we received this duly completed and signed form. Where we are unable to respond to you with the said 30 days, we will notify you of the soonest possible time within which we can provide you with the results.

本堂将认真处理您所提出的投诉，并将在收到此填妥及签署的表格起的 30 日内给予答复。如未能于这 30 日内回复，本堂将尽快另行通知您。

- 3) Please refer to [www.gsgccc.org.sg](http://www.gsgccc.org.sg) for our Data Protection Policy.

关于本堂之个人资料保护政策，请参阅本堂网站 [www.gsgccc.org.sg](http://www.gsgccc.org.sg)

### PART III: FOR ADMINISTRATION USE ONLY 行政部专用

Compliant Form received by/on: \_\_\_\_\_

接收投诉表格的职员名字, 签名及日期

Name of Staff

Signature/Date