**CONFIDENTIAL**

**SUBJECT ACCESS REQUEST (SAR) FORM FOR CCTV**

You should complete this form if you want us to supply you with a copy of any personal data we hold about you. You are currently entitled to receive this information under the EU General Data Protection Regulation (GDPR). We will also provide you with information about any processing of your personal data that is being carried out, the retention periods which apply to your personal data, and any rights to rectification, erasure or restriction of processing that may exist.

We will endeavour to respond promptly and in any event within one month of the latest of the following:

* Our receipt of your written request; or
* Our receipt of any further information we may ask you to provide to enable us to comply with your request.

The information you supply in this form will only be used for the purposes of identifying the personal data you are requesting and responding to your request. You are not obliged to complete this form to make a request, but doing so will make it easier for us to process your request quickly. This form is used to confirm the identity of the Data Subject, the identity and authority of the applicant (where applicable) and to assist in locating Personal Data relating to the Data Subject. Please complete it in full and send it to the address at the end of the form. Failure to complete this form correctly may result in a delay handling your subject request for personal data.

|  |
| --- |
| **Question 1 - Who is the Data Subject?** |

|  |  |
| --- | --- |
| Data Subject's full name |  |
| Date of Birth |  |
| Address |  |
| Post Code |  |
| Telephone No. |  |
| E-mail address |  |

|  |
| --- |
| **Question 2 - What are your Personal Details?** |

(a) Are you the Data Subject?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

**If you answered 'Yes', go straight to Question 3 on page 2.** Otherwise, please provide the information below.

|  |  |
| --- | --- |
| Your full name |  |
| Address |  |
| Post Code |  |
| Telephone No. |  |

(b) If you are NOT the Data Subject, state your relationship to them.

|  |  |
| --- | --- |
| What is your relationship to the Data Subject? |  |

(c) If you are NOT the Data Subject, describe your entitlement to receive details of their Personal Data, and the written authority enclosed (e.g. from the Data Subject) which supports this entitlement.

|  |  |
| --- | --- |
| Why are you entitled to their Personal Data? |  |

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| --- | --- |
| What written authority have you enclosed? |  |

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| **Question 3 - How do you believe we process the Data Subject's Personal Data?** |

Our search for information relating to the Data Subject will be based on the information provided below.

|  |  |
| --- | --- |
| CCTV data recording (please tick box) |  |

|  |  |
| --- | --- |
| Date and time of incident when you believe image(s) were captured (within 1 hour) | Time:  Date: |

|  |  |
| --- | --- |
| Exact location of incident |  |

|  |  |
| --- | --- |
| Brief description of incident that took place |  |

|  |  |
| --- | --- |
| Brief description of the clothing worn by the Data Subject at time of incident |  |

|  |
| --- |
| **Question 4 - What documents can you send or produce to confirm the identity and address of the Data Subject?** |

If you deliver your documents in person we will return them to you after

**(a)** You must **confirm the Data Subject's identity** by sending one of the documents listed below. Please tick the appropriate boxes to indicate which documents you have enclosed.

|  |  |
| --- | --- |
| i) Full Valid Driving license issued by a member state of the EC/EEA |  |
|  |
| ii) Birth Certificate **or** Certificate of Registry of Birth **or** Adoption certificate |  |
|  |
| iii) Full Valid Current Passport **or** ID Card issued by a member state of the EC/EEA **or** Travel Documents issued by the Home Office **or** Certificate of Naturalisation or Registration **or** Home Office Standard Acknowledgement Letter (SAL) |  |
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| **If the Data Subject's name is now different from that shown on the document you submit to confirm his/her identity, you must also supply original documentary evidence to confirm the Data Subject's change of name e.g Marriage Certificate, Decree Absolute or Decree Nisi papers, Deed Poll or Statutory Declaration.** |

**(b)** You must also **confirm the Data Subject's address** by sending us one of the documents listed below. Please tick the appropriate boxes to indicate which documents you have enclosed.

|  |  |
| --- | --- |
| i) Gas, electricity, water or telephone bill in the Data Subject's name for the last quarter |  |
|  |
| ii) Council Tax demand in the Data Subject's name for the last quarter |  |
|  |
| iii) Bank, building society or credit card statement in the Data Subject's name for the last quarter |  |
|  |
| iv) Letter to Data Subject from solicitor/social worker/probation officer in the last quarter |  |
|  |

**(c)** You must also send us **a recent passport sized photograph of the Data Subject.**

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| **Formal Declaration** |

In exercise of the right granted to me under the terms of the GDPR 2018, I request that you provide me with a copy of the Personal Data about the Data Subject which you process for the purposes I have indicated overleaf.

I confirm that this is all of the Personal Data to which I am requesting access. I also confirm that I am either the Data Subject, or am acting on their behalf.

|  |  |
| --- | --- |
| Signed |  |
| Print Name |  |
| Date |  |

Make sure you have:

1. completed this form;
2. signed the declaration above;
3. enclosed identification documents.

We recommend that you send your form and documents by a secure method.

**Please return this form once completed, with supporting documents to the person/company that issued you the form.**

**OFFICIAL OFFICE USE ONLY**

To be completed by the Data Controller upon receipt of request. Please complete all sections in BLOCK capitals.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please complete ALL sections in black BLOCK capitals** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Application checked and legible? | | | | | |  | | Date Application received | | | | |  |
|  | | | | | |  | |  | | | | |  | | |
| Identification documents checked? | | | | | |  | |  | | | | |  | | |
|  | | | | | |  | |  | | | | |  | | |
| Details of Document Produced: | | | | | |  | | Documents Returned? | | | | |  |
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|  | | | | | | | | | | | | | | | |
| **Member of staff completing this section** | | | | | | | | | | | | | | | |
| Name |  | | | | | | | Position |  | | | | | |
|  | | | | | | | | | | | | | | |
| Signature |  | | | | | | | Date |  | | | | | |
|  | | | | | | | | | | | | | | | |
| **For completion by CCTV Manager only** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Request** (Please tick) | | | | Granted |  | Denied | | | |  | |  | | | |
|  | | | | | | | | | | | | | | | |
| If Granted, please complete the following section: | | | | | | | | | | | | | | | |
| Camera Number(s) | | |  | | | | | | | | | | | | |
| Time of incident | | |  | | | | | | | | | | | | |
| Date of incident | | |  | | | | | | | | | | | | |
| Operators Details | | |  | | | | | | | | | | | | |
| Date of Issue | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Subject Access Signature or Proof of delivery address | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **CCTV Managers**  **Name** | |  | | | | | **CCTV Managers**  **Signature** | | | |  | | | |
|  | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | |