

MOHAN Foundation – Grievance Redressal & Withdrawal of Consent Form

Please complete this form if you wish to:

- Raise a grievance about how your personal data has been handled, OR
 - Withdraw your consent for MOHAN Foundation to process your personal data.
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Section A: Your Details

- **Full Name:** _____
 - **Email Address:** _____
 - **Phone Number:** _____
 - **Address:** _____
 - **Unique Reference (if applicable – pledge ID / donor ID / learner ID):**

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Section B: Purpose of Data Interaction (tick as applicable)

- ☐ Organ Donation Pledge
- ☐ Donation/Financial Contribution
- ☐ **Training course / Workshop / Conference / Masterclass (online/offline)**
- ☐ Volunteer/Research/Survey Participation
- ☐ Other: _____
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Section C: Type of Request (tick as applicable)

- ☐ **Grievance/Complaint** about misuse, inaccuracy, or unauthorised use of my data.
- ☐ **Correction** – I request correction/updates to my personal data.
- ☐ **Erasure/Deletion** – I request deletion of my personal data.
- ☐ **Withdrawal of Consent** – I no longer consent to MOHAN Foundation processing my personal data.
- ☐ **Other (please specify):** _____
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Section D: Details of Grievance/Request

(Please describe your grievance, correction, or withdrawal request clearly. Attach supporting documents, if any.)

Section E: Declaration

I confirm that the information provided above is accurate and complete. I understand that MOHAN Foundation may contact me for verification before acting on this request.

- **Signature:** _____
 - **Date:** _____
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Submission Instructions

- Email the completed form to: privacy@mohanfoundation.org

OR send by post to:

Data Protection Officer

**MOHAN Foundation, Toshniwal Building, 3rd Floor, No. 267, Kilpauk Garden Road,
Chennai - 600010**

Acknowledgement (For Office Use Only)

- Request Received on: _____
- Reference Number: _____
- Action Taken: _____
- Date of Resolution: _____
- Officer Handling: _____