

Personal Information Inquiry Window

Hitachi Aloka Medical, Ltd.

## Complaints Declaration Form concerning Personal Information Handling

I declare complaints concerning the handling of personal information by your company as follow.

### Note

Date of declaration	
Address	
Name	
E-mail address	
Relation with our company	<input type="checkbox"/> Personal Customer (Name of the product you have purchased. )
	<input type="checkbox"/> Officer or employee of our customer corporation Name of the corporation or organization you belong to: Name of the division or our company
	<input type="checkbox"/> Share holder our company
	<input type="checkbox"/> Employee of our company (Employee number: )
	<input type="checkbox"/> Retired employee (Employee number of your active period: )
	<input type="checkbox"/> Other matters with details if any
Contents of complaints (to be described with details)	