| DATA PRIVACY OFFICE | Reference Number: |
|---|---|
| **COMPLAINT FORM**<br>As of August 11, 2021 | Page **1** of **1** |
| ***Complaint:*** | |

| **1. Contact Details** | |
|---|---|
| Full Name of Complainant: | |
| Full Name of Complainant's Representative, if applicable: | |
| Address: | |
| Contact number: | |
| Email Address: | |
| **2. Complaint Details** | |
| Date and Time of Incident: | |
| Date and Time the Incident was Detected and Reported: | |
| Physical Location of the Incident: | |
| List the Personal Information / Sensitive Personal Information involved: | |
| Name of Meralco office or personnel involved in the collection, handling or processing of the information, if applicable: | |
| Have you attempted to contact the concerned office or individual? | |
| Provide a brief description of the Incident: | |
| In what way did the collection, handling or processing of your personal information by the office/personnel affected your privacy? | |
| Please indicate what your preferred resolution for the complaint would be. | |