

Information Risk Management Dept.,
 Information Security Risk Management Div.,
 Hitachi, ltd.

**Complaint and Consultation Form for the Processing of Information
 including Personal Information**

I hereby make the following complaint (consultation) concerning the processing of information including personal information by your company.

Details

Date of Request	MM/DD/YYYY
Address	(Zip code)
Name	
Telephone number	
Fax number	
Email address	
Relationship with Hitachi Ltd.	<input type="checkbox"/> Individual Customer Name of the product you purchased:
	<input type="checkbox"/> Board member or employee of our client company - Name of the company/organization: - Name of the business site related to Hitachi Ltd.:
	<input type="checkbox"/> Stockholder
	<input type="checkbox"/> Staff of Hitachi Ltd. Staff number:
	<input type="checkbox"/> Retired staff Last business site you belonged:
	<input type="checkbox"/> Other (please specify):
Complaints contents (Write as detailed as possible.)	