



## PRIVACY COMPLAINT FORM

**MCS**  
**Privacy Unit**  
**PO Box 9023547 San Juan, PR 00902-3547**  
**Metropolitan Area: (787) 620-3186**  
**Toll Free: 1(877) 627-0004**

Name of the Complainant: (Please Type)	Please, indicate if you are: <input type="checkbox"/> MCS Employee <input type="checkbox"/> Subscriber <input type="checkbox"/> Other _____
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Telephones: Home: _____  Cellular: _____  Other: _____	Address:
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Date (mm/dd/yyyy):	Time: <span style="float: right;">AM / PM</span>
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Write your complaint on the space below. Please, include specific details, like person(s) involved, date(s), place(s), etc. You may attach a separate sheet with your complaint and any other related documents, if necessary.

Complainant Signature:	Date (mm/dd/yyyy):
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If the person signing above is not the person involved in the event, please indicate your relationship:

____ Spouse	____ Legal Guardian of a Handicapped Person
____ Relative or Legal Guardian	____ Beneficiary or Authorized Representative of a Deceased Person

Other (specify): \_\_\_\_\_

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-627-8183 (TTY: 1-866-627-8182). ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-627-8183 (TTY: 1-866-627-8182). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-627-8183 (TTY: 1-866-627-8182).

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