

## Binding Corporate Rules Complaint Form

Date of submission: (MM/DD/YYYY)

Employee

Supplier

Contingent Worker

Customer

Other: (Please specify)

Contact information:

Name: (Last, First)

Telephone number:

Email address:

Postal address:

Please indicate your preferred method of contact by checking the box to the left.

Location:

Current location: (City, Country)

Origin of personal data: (City, Country)

Location of violation: (City, Country)

Complaint:

In this box, please include a description of your complaint, including as much detail as possible to help Corning investigate and resolve the matter.