

| Petitions, complaints, claims, suggestions and/or appeals | | | | | | | | |
|---|-------------------------------------|---|-------------------------------------|---|--|--|--|--|
| Date: | | | | | | | | |
| | Ple | ease, check the correspo | onding option | | | | | |
| Petition | Complaint C | laim Suggestic | on Appeal | | | | | |
| | Please, describe wh | nat happened and let us | know your comments ab | out it | | | | |
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| What service and/or | product is it related with? | | | | | | | |
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| To respond to requests, Based on the information | complaints, claims, suggestions, re | equests and compliments (PQI al validations will be carried ou | RSAF), which are filed by custo | the treatment of the same, is intended: 1) omers and users through this channel. 2) 5. 3) Communicate with clients and users, | | | | |
| declare that I am the ow | | I have provided it voluntarily, co | ompletely and truthfully. Likewise | ner, the processing of my personal data. I e, I declare that I have been informed that wing link www.lleida.net/co | | | | |
| revoke the authorization | | e set forth in the aforementione | d Policy. Finally, I declare that I | know, update, rectify, delete such data or have been informed that the Responsible +5713819903. | | | | |
| F | Please indicate your contact | information to provide y | ou with a response as so | oon as posible | | | | |
| Full name: | | | | | | | | |
| Document Type: | сс 🔲 с | CE NIT | PP | N° | | | | |
| Contact email: | | | | | | | | |
| Contact address: | | | Phone / Cell: | | | | | |

| Company you work for | | | |
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| Company you work for: | Thank you! | | |