



COMPLAINT FORM

To whom it may concern :

Company Name: COLEGIO DE ESPAÑA Y AMBOS MUNDOS S.L.

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PRODUCTS AND/OR SERVICES

Course name: _____

Course date: _____ **Date of the Contract:** _____

Other services: _____

REASON FOR COMPLAINT

Course name: _____ **Course date:** _____

Other services: _____

Comments: _____

CLAIMANT INFORMATION

Name and Surname: _____

Pasaport or ID: _____

Address: _____

Phone: _____ **Email:** _____

In _____ on _____ of _____ of _____

Signature: