

CLAIM FORM

Learners - Prospects - Clients – Stakeholders

RGPD: Please read and complete this form carefully (questions 1 to 5).

Each question requires a response.

The lack of response to one or more questions is likely to compromise the proper management of your claim. The personal information provided in this form are recorded in a digital file by our administrative department. We will only process or use your data when necessary to ensure the execution of our services with better communication and animation, taking into account the object of your claim.

In this form (questions 1 to 5), please make sure that you do not mention any "sensitive" information according to [the article 9 of the RGPD](#).

<p>1. First name / Last name of the person making the complaint (possibly: company and position held)</p>	
<p>2. First name / Last name of the person directly concerned by the complaint (possibly: company and position held)</p>	
<p>3. Precise identification of the desired method of response (e-mail address OR postal address of the person to be contacted)</p>	
<p>4. Specific purpose of the claim</p>	
<p>5. Explicit description of the complaint (Identified malfunction, date, place, people involved, possible conditions of occurrence of the malfunction, etc.)</p>	