



COMPLAINTS AND CLAIMS MANAGEMENT

OFFICIAL COLLEGE OF AEROSPACE ENGINEERS AND TECHNICAL AERONAUTICAL ENGINEERS

APPLICATION FORM: Complaint / Claim (Scratch out appropite item)

PHYSICAL PEOPLE:

Name and Surname: _____ I.D: _____
Address: _____ City: _____
Province: _____ Zip Code: _____ Telephone: _____

Name and Surname of the represented person (if proceed): _____
Act as : _____

LEGAL PEOPLE:

Social Cause: _____
F.I.C: _____ Address: _____
City: _____ Province: _____ Zip Code: _____
Telephone: _____ Entity's public register data: _____

Information of the person who make the claim or complaint :

Name and Surname: _____
I.D: _____ Act as: _____

IDENTIFICATION OF THE DEPARTMENT OR SEVICE TO WHICH IS REFERS THE CLAIM

COMPLAINT OR CLAIM:

Describe the facts and resasons of the complaint or claim you present:

REQUEST YOU MAKE TO THE OFFICIAL COLLEGE OF AEROSPACE ENGINEERS AND TECHNICAL AERONAUTICAL ENGINEERS

In _____ on _____ of _____ of _____

The claimant:
(Signature)

The College
(Signature)

In compliance with the Organic Law 15/195, of Data Protection of Personal Nature, we inform you that your personal data provided in this application form will be integrated in a file created under the responsibility of the COLLEGE OF AEROSPACE ENGINEERS AND TECHNICAL AERONAUTICAL ENGINEERS, you have the right of access to the information which concerns you gathered in that file, rectify it if it's wrong, cancel it, or stand against in: College of Aerospace Engineers and Technical Aeronautical Engineers C/Hortaleza, 61- 1ª 28004 Madrid

