

CLAIMS AND COMPLAINTS FORM

1. Details of the claiming party*

Name and Surname	
ID document number	
Name of AGEDI member	
Postal Address	
City – Zip Code	
Province / Country	
Contact E-mail – Phone number	

2. Reason/s for the claim or complaint*

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3. Body or service regarding which act or omission refers, if so, the claim or complaint

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ENTIDAD DE GESTIÓN DE DERECHOS DE PROPIEDAD INTELECTUAL

4. Corrective actions which would be necessary to carry out in order to amend or improve the action motivating your claim or complaint

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5. Date:

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It is compulsory to fill fields marked with (). Otherwise your claim or complaint shall not be processed.*

Please click to confirm you read [AGEDI's privacy policy](#)