



Complaint form for individuals

Last Name:	
First name:	
Adress:	
Telephone details:	
Email:	
Contract n° / claim number to which your claim relates:	
Name of your usual contact person:	
Subject of your complaint (please be as specific as possible in stating your complaint)	
Date	Signature

LERIA

60, rue de la Chaussée d'Antin
75 009 PARIS | France



Claim form for professionals (natural and legal persons)

Company name:	
Trade name (if different from company name):	
Registration number in the Trade and Companies Register or the Trade Register, if applicable:	
Address of the head office or of the person signing the claim:	
Name and position of the claimant's contact person:	
Telephone details of the claimant's contact person:	
Contract n° / claim number to which your claim relates:	
Name of your usual contact person:	
Subject of your complaint (please be as specific as possible in stating your complaint)	
Date	Signature

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