

	 Alliance Française Bordeaux Nouvelle-Aquitaine		<h2>STUDENT COMPLAINT FORM</h2>
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STUDENT IDENTITY

Mr **Mrs**
LASTNAME :
First name:
Date of birth: / /
Nationality:
Phone: **Mobile:**
email:

OBJECT OF THE COMPLAINT

SELECT THE AREA CONCERNED

COURSE **ACCOMMODATION** **CULTURAL ACTIVITIES** **PAYMENT** **OTHER**

Object :

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PART RESERVED FOR THE ADMINISTRATION

DECISION:

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These are confidential personal information protected by French Law N-78-17 (CNIL) modified and in respect with RGPD	
<input type="checkbox"/> I accept the collection of personal data marked with a*	
Student signature:	Date..... / / Head master signature :