
	<h2>NOMINATIVE CLAIM</h2> <p>under the umbrella of the Compliance system</p>	
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<b>COMPANY</b>	
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**DETAILS OF THE CLAIMANT**

Surname			
Name		ID Card	
Address		Post code	
Telephone number		email	

**DETAILS OF THE CLAIMED FACTS (in the most detailed way) and WAY IN WHICH THOSE CAME TO KNOWLEDGE**

**INDIVIDUAL OR ENTITY WHOM THE CLAIM IS AGAINST**

(Indicating the greatest details as possible)

**WITNESS, IF ANY, OF THE CLAIMED FACTS**

(Indicating the greatest details as possible)

**ATTACHED DOCUMENTATION**

**YOU CAN SEND YOUR CLAIM TO:**

**By ordinary post**  
HÁBEAS CORPORATE COMPLIANCE, S.L.  
Departamento de Gestión de Denuncias  
Castelló, 24, escalera 2, 4º derecha, 28001 MADRID

**By email**  
denuncias@habeascc.es

Date	
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