

COMPLAINT FORM

Complaints of products* / transport*

Name:

Address:

Phone number:

E-mail:

Date of purchase goods: Date receipt of goods:

Date of finding defect:..... Date of complaint:

Number of VAT invoice / receipt:

Advertised goods:

Has defect been found in presence of courier? YES* / NO*

Has complaint form been completed? YES* / NO*

Detailed description of reason for complaint:.....
.....
.....
.....
.....

I declare that above information is consistent with actual state.

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Customer's signature and date

* Cross out unnecessary