_____, date _____

COMPLAINT FORM

PERSONAL DETAILS OF THE COMPLAINANT:

Company name: _____

First name and surname: _____

Contact phone: _____ E-mail: _____

REFERS TO INVOICE NO.: _____ dated: _____

REFERS TO ORDER NO.: _____ dated: _____

Address for returning the goods after the complaint has been accepted: _____

_____

No.	Name and/or product code	Quantity	Description of defects	Expectations
1.				
2.				
3.				

ATTACHMENTS:

- ☐ Defects photography
- ☐ Defects sample

COMMENTS:_____

_____

_____

_____ _____

Signature of complainant Signature of the receiver