

CUSTOMER COMPLAINT No.:

CUSTOMER INFORMATION:

Name:

Address:

Contact person / phone number

COMPLAINT INFORMATION:

No.	Invoice Number	Product Position	Product Name	Qty.	Order Number
1.					

Complaint Details:

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Customer Suggestions:

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<p>** is the product already installed?</p> <p><input type="checkbox"/> - YES - instalation date</p> <p><input type="checkbox"/> - NO</p> <p><input type="checkbox"/> ** warranty complaint</p> <p><input type="checkbox"/> ** non - conformity of the goods with the contract at the time of delivery</p>	<p>** suggested action</p> <p><input type="checkbox"/> - replace with new one, free from defects</p> <p><input type="checkbox"/> - repair at MAR-DOM Kwieciński Sp. z o.o.</p> <p><input type="checkbox"/> - missing item delivery</p>
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** tick appropriate box

Date and signature
of person completing this form