

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><b>** is the product already installed?</b></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><b>** suggested action</b></p> <p><input type="checkbox"/> - replace with new one, free from defects</p> <p><input type="checkbox"/> - repair at MAR-DOM Kwiecieński 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