## **CUSTOMER COMPLAINT FORM**



## **CUSTOMER INFORMATION**

RMA:

FULL NAME					
ADDRESS					
ZIP CODE					PHONE UMBER
CITY/COUNTRY				Е	E-MAIL
PRODUCT DETAIL	LS				
ORDER NUMBER					
NAME OF THE PRODUCT/ SIZE					
INVOICE NUMBER					
DATE OF PURCHASE				F	PRICE
COMPLAINT DETAILS					
DESCRIBE IN DETAIL AN THE NATURE OF YOUR CO					
DATE OF NOTICING THE FAULTS					
CIRCUMSTANCES OF NOTICING THE FAULTS					
CUSTOMER'S CLAIMS					
	nt to access their l				o.o. Sp. k. located in Lodz (92-221), ul. Nowogrodzka a controller is MISICO Sp. z o.o. Sp. k. located in Lodz
Recorded by Basketzon				Date and signature of the Complainant:	
Date:					