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|  | **COMPLAINT FORM** | **NUMBER : 2015** |

**FILLED IN BY THE COMPLAINING PERSON**

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| **TRADE NAME – NAME** | **ADDRESS** | **DATE OF COMPLAINT ASSERTION** |
| **PHONE** | **E-MAIL** | **BANK ACCOUNT NUMBER** |
| **NAME OF GOODS OF COMPLAINT - CODE** | **ORDER NUMBER** | **INVOICE NUMBER** |
| **DEFECT DESCRIPTION** | | |
| **IN CITY** | **DATE** | **SIGNATURE – NAME** |

**FILLED IN BY THE SELLER**

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| **TRADE NAME – NAME** | **DATE OF COMPLAINT** | **DATE OF COMPLAINT SETTLEMENT** |
| **IDENTIFIED DEFECT AND COMPLAINT ASSESSMENT** | | |
| **IN CITY** | **DATE** | **SENT** |
| **PERSONS PRESENT DURING DEFECT IDENTIFICATION AND COMPLAINT PROCEDURE** | | **CONFIRMATION OF SUPPLIER** |
| **NAME - FUCTION** | **SIGNATURE** |  |
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