

TITLE

COMPLAINT FORM

ISSUED BY

APPROVED BY

DOC NUMBER

EDITION

DATE

Koordinator ds. Marketingu

Kierownik Działu Sprzedaży

014-001_EN

1

20/09/2024

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TO VIEW THE CURRENT DOCUMENT ALWAYS USE OUR CMS. ABOVE FIELDS ARE FILED IN AUTOMATICALLY

.....
(Location and date)

.....
(Name of the company making the complaint)

.....
(TAX numer - NIP)

.....
(address)

.....
(Number and date of purchase document - invoice))

L.P.	INDEX	Dimensions	Quantity	Additional information (description of the nonconformity)

.....
.....
.....
.....
.....
.....
(Non-compliance with the order - please describe)

.....
(Signature of the person making the complaint)