

Complaint Form

(place:), (date:) ..... 20....

Addressee:

Paterns sp. z o.o.  
NIP: 9522220811  
KRS: 0000924382  
REGON: 520062040  
ul. Teodora Axentowicza 1/37  
04-644 Warszawa

**COMPLAINT FORM**

**CUSTOMER DETAILS:**

Full name:

Address:

E-mail:

Tel.:

Bank account No.: .....

**SUBJECT OF COMPLAINT:**

Date of purchase:

Product name:

Invoice No. / Order No.:

Total value of product: PLN .....

**NOTICE OF COMPLAINT** *(please describe the faults and how they were found):*

Date when the faults were found:

**REPAIRS/CUSTOMER'S REQUEST:**

- (\_\_\_) replacement with another product - free of faults,
- (\_\_\_) removal of faults,
- (\_\_\_) reduction in price,
- (\_\_\_) withdrawal from contract.

.....

Signature

**SELLER'S NOTES – DECISION REGARDING THE COMPLAINT**

The complaint has been accepted/turned down due to the following reasons:

Date when complaint was received .....

Person reviewing complaint .....

Date when complaint was reviewed .....

Further complaint procedure – information for customer