

CUSTOMER COMPLAINT FORM

Please fill in all the fields in the form – this is the condition for accepting the complaint for consideration.

Company name:	
Company address:	
Tax number:	
Name and surname of the person submitting the complaint	
Phone number:	
Name of the complained fabric:	
Quantity:	
Invoice number:	
Purchase date (yyyy-mm-dd)	
Complaint description:	

.....
Date and place

.....
Signature

