## **CUSTOMER COMPLAINT FORM**



## **CUSTOMER INFORMATION**

FULL NAME								
ADDRESS								
ZIP CODE					HONE IMBER			
CITY/COUNTRY				E-	-MAIL			
PRODUCT DETAIL	LS							
ORDER NUM	BER							
NAME OF THE PROD	OUCT/ SIZE							
INVOICE NUM	1BER							
DATE OF PURCHASE				P	RICE			
DESCRIBE IN DETAIL AN THE NATURE OF YOUR CO	D ACCURATELY							
DATE OF NOTICING THE FAULTS								
CIRCUMSTANCES OF NOTICING THE FAULTS								
CUSTOMER'S CLAIMS								
Recorded by Basketzono	e.net:				Date and s	ignature of the	Complaina	nt:
Date:								
PMA:			1					