

.....
CITY, DATE

NAME AND SURNAME
.....
.....

ADDRESS
.....

E-MAIL ADDRESS
.....

PHONE NUMBER

SOKO
UL. DAMROKI 40/6
80-177 GDAŃSK
NIP: 9571123551
REGON: 385928583

COMPLAINT FORM

I, the undersigned, hereby declare that the goods (name of product)

..... purchased on for the amount zł
Bill number is inconsistent with the contract and has defects.

Date the defect was noticed

The non-conformity consists of (precise description of the defect of the goods):
.....
.....
.....
.....
.....

Buyer's expectations regarding the complaint resolution: repair of goods, refund *

.....
DATE AND SIGNATURE

* - delete what is unnecessary