

# COMPLAINTS FORM

For the attention of:

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PRODUCT / SERVICE

REFERENCE

_____	_____
_____	_____

## REASON FOR COMPLAINT:

Order number:

Date of order:

Receipt of order:

## DETAILS OF THECOMPLAINANT

Name and surname:

CIF/NIF/NIE:

Address:

Phone:

Email:

At \_\_\_\_\_ a \_\_\_\_\_ from \_\_\_\_\_ from 20\_\_ .

Signature: