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City, Date

COMPLAINT FORM

It fills up BOK AiFO

COMPLAINT NO.

DATE OF INFLUENCE..... DEADLINE FOR CONSIDERATION.....

REFERS TO: AiFO COMPONENTS SPÓŁKA Z OGRANICZONĄ ODPOWIEDZIALNOŚCIĄ S.K.A.

AiFO GROUP SP Z O.O

COMPANY NAME.....

ADDRESS.....

NAME AND SURNAME OF COMPLAINER.....

E-MAIL ADDRESS..... PHONE NO.

FOR INVOICE NO. WITH DATE

FOR ORDER NO. WITH DATE

No.	Product name / code	Invoice number	Qty.	Description defects	Expectations

ATTACHMENTS:

1. DAMAGE PHOTOGRAPHY.....
2. DAMAGE SAMPLE

COMMENTS:

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signature person accepting complaint

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signature person submitting complaint
contact details of reporting person will be used only
in course of process