



## Complaint Form

Invoice number	<input type="text"/>
Name and surname	<input type="text"/>
Company name	<input type="text"/>
Street address	<input type="text"/>
ZIP code	<input type="text"/>
City/town	<input type="text"/>
Country	<input type="text"/>
Telephone	<input type="text"/>
E-mail	<input type="text"/>

## Claimed goods (quantity and description)

## Reason for complaint

Place and date	<input type="text"/>
Signature	<input type="text"/>