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CO	MPLAINT FORM	Date / Registration No.	/
	rder to resolve your complaint as quickly and favorage ugh this form.	bly as possible, please provide us with all	relevant data
Cus	tomer data:		
You	r name / Company name:		
Invoice no. / date :		Customer No.:	
Sub	ject of the complaint:		
	billing error		
	item missing from the parcel		
	received another product than the one ordered		
$\overline{\square}$	product not conforming to specifications		
$\overline{\square}$	damaged product(s) received		
Mor	re details:		
	at is the proposal for settling the complaint?  following section will be filled in by an Ellemental of		
SOLUTION			
Pick	red / packed by: /		