

COMPLAINT FORM

Type of complaint (insert: logistic or quality)	
Date of complaint reporting	

Sale document number issued by BRITOP Lighting

	Product name	Product index	Complained quantity
Reported			
products			

Detailed description of the problem, date of fault occurrence				
	Detailed descriptio	Detailed description of the problem,	Detailed description of the problem, date of fault occu	Detailed description of the problem, date of fault occurrence

Data of the reporting person					
Name of company	Address, NIP [TAX ID]	Reporting person			
		Full Name			
		Phone number			
		e-mail			

Signature of the reporting person

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