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## COMPLAINT FORM

Complaint number:

Date of acceptance of the application:

Buyer/Company

Stamp

Item	Name or index of the advertised product	Quantity	Description of the fault
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Expectations:

Date and signature:

Consideration of the complaint:

The complaint was accepted by:

Comments:.....