

ELGRA W.E. Kubik sp.j.

**COMPLAINT FORM**

.....

Opole .....

.....

.....

Name of the client, telephone number

Device type or name of the part

.....

Serial number.....

day            month            year

Purchase date.....

Number of the proof of purchase.....

day            month            year

Installation date.....

day            month            year

Malfunction date .....

Malfunction description / cause for the complaint

.....  
.....  
.....  
.....  
.....

(date and employee's signature)

(client's signature)

**The employee fills in**

Recognition of the complaint YES/NO.....

Explanation.....

Confirmation of receipt of the new  
device/fixed/damaged.....

(client's signature)

(date of receipt)