

COMPLAINT FORM

To: INDIVA Justyna Szysz, Diamentowa 8A, 08-110 Bialki, Poland

Complaint of goods

Order No.:	
Purchase date:	
Invoice No.:	
Name:	
Address:	
E-mail address:	
Product claimed:	
Description of product defects:	
Suggested method for handling the complaint:	
Method of refund:	

I also ask for a confirmation of the complaint.

Date:

Signature: