

# Complaint form



Full name:	Address:
E-mail:	
Customer TIN/NIP:	Telephone number:

## Information about products

Article code/name	Mikado invoice number	Sale date	Reason of complaint, description and circumstances of its occurrence

### Form of return:

- ☐ Return to the bank account number: .....
- ☐ Deduction in the form of compensation

I agree to change the terms and conditions and approve the content of the complaint protocol.

The sales adjustment is the final confirmation of the mutual agreement.

.....  
Buyer's signature and stamp

### To be completed by a representative of Abramis sp. z o.o.

Customer logo:	
Claim number:	Date of receipt of the complaint:
Person examining the complaint:	Date of consideration:
Decision:	

.....  
Abramis representative signature