

COMPLAINT REPORT

ORDER NO.:	ORDER DATE:
PRODUCT DEFECT FOUND ON:	COMPLAINT FILED ON:
FULL NAME:	ADDRESS:
PHONE NO.:	EMAIL ADDRESS:

COMPLAINT

Product	Amount	Cause of Complaint (Description of the goods' non-conformity with the contract)

EXPECTED OUTCOME: due to the above, pursuant to the Act of 23 April 1964 – the Polish Civil Code, I request that – select as appropriate (Art. 560 § 1):

- THE GOODS BE REPAIRED FREE OF CHARGE
- THE GOODS BE EXCHANGED FOR NEW
- THE PRICE OF THE GOODS BE REDUCED BY THE AMOUNT OF (SAY:)
- I WITHDRAW FROM THE CONTRACT AND I REQUEST A REFUND FOR THE GOODS

REFUND WILL BE MADE USING THE SAME METHOD AS WAS USED FOR PAYMENT.
BANK ACCOUNT NUMBER (OPTIONAL):

I confirm that I have read the complaints policy included in the Shop's Terms and Conditions

PLACE AND DATE:	LEGIBLE SIGNATURE:
-----------------	--------------------

MAILING ADDRESS FOR COMPLAINTS: MODECO STONE SP. Z o. o. ul. Zaściankowa 4, 51-501 Wrocław PHONE NO.: 694 431 246 / EMAIL: modecostonesklep@gmail.com
--