COMPLAINT OF DEVICE

	CONFERNATION DEVICE		
Fill in blank)			
Date of complaint	Date when the fault occurred		
User data	Device data		
Company name	Device name		
	Date of purchase		
Address	Serial number		
NIP/EU-VAT	Number of hours worked		
Phone contact			
Email			
Description of the fault and the circu	umstances in which the fault occurred		
Service will document the visit with actions	a separate exit report, this report is the lega	l basis for taking complaint	
	nty conditions, please consider the above co company in the above case. We accept costs		
considered positively.	REPORTED BY	REPORTED BY	
	Name and surname	Legible signature	
_			
Case reference number	TO BE COMPLETED BY THE SERVICE		
case reference number			
Departure report number			
Verdict	Positive / Negative *	Positive / Negative *	

^{*} Delete as appropriate V1.03 Zgłoszenie reklamacyjne urządzenia [EN]