

COMPLAINT FORM



TYPE OF CLIENT

☐

INDIVIDUAL CUSTOMER

☐

COMPANY

FULL NAME / COMPANY NAME

ADDRESS - PRODUCT LOCATION

STREET

HOUSE NO

FLAT NO

CITY

POSTCODE

STATE

CONTACT

TELEPHONE NO

EMAIL ADDRESS

FULL NAME OF CLAIMANT (IN CASE THE CLAIMANT IS COMPANY)

TYPE OF PRODUCT

☐

WINDOW

☐

SKYLIGHT

☐

ACCESSORIES

☐

OTHER

MODEL

SIZE

QUANTITY

DATA PLATE

PROOF OF PURCHASE NUMBER

DATE OF PURCHASE

FAULT DESCRIPTION

EXPECTED SERVICE ACTIONS

DOCUMENTS ATTACHED

☐

PROOF OF PURCHASE

☐

PICTURE OF FAULT

CITY AND DATE

CLAIMANT SIGNATURE

Filled form should be sent to service@okpol.com