
(date, place)

(consumer data)

Grupa MSG Sp. z o.o.
ul. Wojska Polskiego 118 D
97-300 Piotrków Tryb

COMPLAINT FORM

1. NAME PRODUCT	
REASON FOR COMPLAINT	
2. NAME PRODUCT	
REASON FOR COMPLAINT	
3. NAME PRODUCT	
REASON FOR COMPLAINT	

In view of the above, I demand:

exchange of goods for a new one

refund to account

Date of receipt of the order:

Order number:

The name of the consumer bank:

Bank account number:

Comments on the form:

(consumer signature)