



Kobi Light Sp. z o.o. Sp. K.
Ul. Boya-Żeleńskiego 2
35-105 Rzeszów

Place, date

COMPLAINT FORM

Company's stamp	*Date
	*PR
	*MO
	*ZM
Customer's ID	Sales representative

*filled by a worker of Complaint Department

No.	Products names	Quantity	Complaint's description / number of purchase document (year)
1			
2			
3			
4			
5			
6			
7			
8			
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11			
12			
13			
14			
15			
16			
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19			
20			
21			
22			
23			
24			

No.	Products names	Quantity	Complaint's description / number of purchase document (year)
25			
26			
27			
28			
29			
30			
31			
32			
33			
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35			
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Remarks: