[First and Last Name]

[Address ]

[00-000 City]

[email]

[phone]

Locco Sp z o.o. Sp k.

ul. Wielicka 36 lok.38

02-657 Warszawa

NIP: 521-375-99-87

contact@loccodesigns.com

 COMPLAINT FORM

Order number: …............................. Product ……………………..
Date of purchase ……....................
Date of receipt ……........................
Date on which the defect was discovered ….....................

Type of defect: physical/ legal\*
Is this a first complaint in regards to this product? yes/no\*
Is the product assembled? yes/no\*

|  |
| --- |
|  DESCRIPTION OF THE DEFECT/FAULT: |
| ADDITIONAL INFORMATION:: |

Based on the Civil Code art 556:

1. I request a price reduction by ………..… (: .......................................) and a refund of the difference to the account or address below.
2. I withdraw from the contract and request a refund of…………. (………………………….…….) to the provided account number or address.
3. I request a repair of product
4. I request a replacement of product.

My bank account number: ………………………………………………….......................................................

Money transfer by Polish Post to the address:

….............................……………...........................….................... …………………………………………………………………………..

\* cross out what doesn’t apply ……………………………………

 Signature