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 ADRESS	
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