**CUSTOMER COMPLAINT SUBMISSION FORM**

|  |  |  |
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| **Complainant’s Information** | | |
| ☐ Natural person  ☐ Enterpreneur  ☐ Legal entity | Name and surname / Business name of legal entity \*: |  |
| Personal number /Registration number: |  |
| Address kontakt \*: |  |
| Contact form\* |  |
| Email address \*: |  |

\*mandatory data

**DESCRIPTION OF THE COMPLAINT**

***(Please make sure to specify the type of service, the date the service was provided, the place where the service was rendered, and a brief description of the reason for submitting the complaint)***

|  |  |  |
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|  | | |
| Complainant:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (*handwritten signature of the complainant* ) |  |

**--------------------------------------------- To be completed by EMI or Representative--------------------------------------------------**

Place of complaint receipt (name of EMI locat. or representative, address of location): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of the complaint receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and surname of person who received the complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hadwritten signature of person who received the complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**- - - - - - - - - - - - -  - - - - -EMI CONFIRMATION OF COMPLAINT RECEIPT FOR CUSTOMER - - - - - - - - -** ** - - - - - - - -**

Place of complaint receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and time of the complaint receipt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and surname of person who received the complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_