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 Place, date

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name and surname, name of the Employer

the registered office address of the Ordering Party

**SERVICE COMPLAINT**

Please print the form, fill it in and send the signed scan to office@houseofskills.pl

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| --- |
| **TO BE COMPLETED BY THE SUBMITTING PARTY** |
| Name of the service / product complained about |
| Date of purchase |
| Date when the defect was found |
| Justification of the complaint |
|  The applicant's offer of compensation |
| Legible signature and stamp |

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| **TO BE COMPLETED BY THE SERVICE PROVIDER** |
| Confirmation of acceptance of the complaint (date and signature, company seal) |
| Service Provider's Decision |
| Date and stamp and signature of the decision-making person |