

COMPLAINT REGARDING DELAYED DELIVERY

Company	Name of company	
	Address	Postal code and post office (city or town)
Subject of complaint	Product ordered	
	Product ordered (time and place)	
	Scheduled delivery (time and place)	
	Description of error	
Claim	Order must be _____ days delivered within _____ <input type="checkbox"/> The transaction will be voided if the order is not delivered within the additional time specified above	
	Compensation of damages for expenses due to the delay _____ € travel expenses _____ € phone expenses _____ € other expenses, specify _____ _____ € total	
Complaint submitted by	Name	
	Address	Postal code and post office (city or town)
	Phone number	E-mail address
	Bank information and account number for payment of compensation	
Date	Time and place	

A response is expected within two weeks of the submission date.