

Complaint Form

COMPLAINANT DETAILS

First & Last Name /
Company

Address / Registered
Office

Email

Phone

RECIPIENT

**NEXURA SPÓŁKA Z OGRANICZONĄ
ODPOWIEDZIALNOŚCIĄ**

ul. Jana III Sobieskiego 11, Unit E6
40-082 Katowice

PURCHASE DETAILS

Date of Purchase	
Date of Receipt of Product	
Purchased Products	

DESCRIPTION OF PRODUCT DEFECTS

REQUEST

EMAIL RESPONSE CONSENT

I do / do not consent to receiving a response to this
complaint at the above Email address.*

Client's Signature

** Delete as appropriate.*