

NAME AND SURNAME OF THE COMPLAINANT

ADDRESS

TELEPHONE

E-MAIL

ORDER NUMBER

DATE OF ORDER PLACEMENT

DATE OF PRODUCT RECEPTION

INTERNET SHOP
UNIVERSITY OF WARSAW
KRAKOWSKIE PRZEDMIEŚCIE 26/28
00-927 WARSZAWA
TEL: (022) 55 240 62
FAX: (022) 552 40 29
E-MAIL: SKLEP@UW.EDU.PL

Complaint form ¹

I hereby wish to complain about

.....
..... (name of the Product).

The reason of my complaint is

.....
.....
.....
.....
.....

.....

(Place, date)

.....

(Legible signature of the Customer)

The Seller will consider the complaint within 10 working days from receipt of the complaint form and inform the Customer about the outcome via e-mail.

¹ The present form should be filled in and sent back only in the case of withdrawal from the contract (written form, scan or fax are admissible).