(REF) name complaint department		Citv. date																					
NAME: ADDRESS: TELEPHONE:  Beason for complaint:    product   Filled in by the client   To be filled in by an Orimed employee   Sales   Gepartment   Sales   Quelity Control   Product   (REF)   Name   Quantity   Reason for product   General   Complaint   Warranty   For repair/replacement   Executive		•																					
NAME: ADDRESS: TELEPHONE:    service																							
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'COMPLAINT FORM' No.....(fills Orimed)

ul. Króla Zygmunta Augusta 9 08-445 Osieck tel. +48 25 685 71 25 orimed@orimed.pl www.orimed.pl