Czech Society for Quality, z.s.

Novotného lávka 200/5

110 00 Prague

**Complaint form**

Customer

First Name, Last Name:

Company:

Address/Headquarters:

Order number:

Invoice number:

The subject of the complaint (the specific item from the order, if multiple items were ordered at the same time):

Reason for complaint:

Account number for possible refund:

Date: