

COMPLAINT FORM

COMPLAINT NO. PLACE DATE/TIME

I. INFORMATION ON THE SHIPMENT ACCORDING TO THE CONSIGNMENT NOTE:

Consignment note no.
E-mail address of the person making the complaint:

SENDER

RECIPIENT

NAME / COMPANY NAME PHONE
STREET / HOUSE NO. / FLAT NO.
POSTAL CODE CITY

NAME / COMPANY NAME PHONE
STREET / HOUSE NO. / FLAT NO.
POSTAL CODE CITY

Complainant (SENDER/RECIPIENT*) FIRST AND LAST NAME PHONE

Date of delivery: DATE/TIME

II. REASON FOR THE COMPLAINT / INTERVENTION:

- A. no COD refund
- B. late delivery
- C. material damage
- D. incorrectly charged fee
- E. loss
- F. other (which)

Description of the circumstances:

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III. CUSTOMER CLAIMS:

- amount (PLN)
- other expectations towards Ambro Express

Client name and bank account number:

IV. ATTACHMENTS:

In the case of complaints regarding material damage, the following documents must be submitted together with the complaint form. In case of a lost consignment, a claim form, a consignment note and a document evidencing the value of the consignment with a description of the lost item must be submitted. If the relevant documents are not enclosed, the complaint will not be considered.

- damage report (original / certified copy*)
- consignment note (original / certified copy*)
- documents evidencing the value of the consignment (original / certified copy*)
- other (describe, e.g.: photos)

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SIGNATURE OF THE COMPLAINANT

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SIGNATURE OF THE PERSON RECEIVING THE COMPLAINT
(NAME/POSITION)