



## COMPLAINT INVESTIGATION FORM

(filled form with pictures of the malfunction/defect to be sent at [mywam@mywam.eu](mailto:mywam@mywam.eu))

zał. 3 do P.12 wersja 03 z 11.01.2024

DATED

COMPANY NAME & NAME, SURNAME OF THE ISSUER

ADDRESS:

CONTACT NUMBER:

CITY AND POSTAL CODE:

### SUBJECT OF COMPLAINT:

NAME OF THE  
PRODUCT

SERIAL NO.:

QUANTITY:

VAT INVOICE NO.:

VAT INVOICE DATE:

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### COMPREHENSIVE DESCRIPTION OF THE COMPLAINT:

COMPLAINT REF.NO.: (filled by manufacturer):

### COMPLAINT DECISION (filled by manufacturer):

**MyWam sp. z o.o.**

ul. Lwowska 34, 41-500 Chorzów

NIP: 627 273 67 93 [www.mywam.eu](http://www.mywam.eu)

[mywam@mywam.eu](mailto:mywam@mywam.eu) / 32 733 11 31

DATE OF COMPLAINT INVESTIGATION &  
SIGNATURE

(filled by manufacturer):