**Magabi**
ul. Macieja Rataja 8/22 | 87-162 Lubicz Górny
Tel. +48 668 766 838
sklep@magabi.pl

# COMPLAINT FORM

First Name and Last Name : .....

Address: .....

.....

E-mail: .....

Phone number: .....

Order number and date: .....

Complaint product:
.....
.....
.....
.....

Cause of complaint:.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

If it's impossible to repair or replace the goods or another form of considering the complaint, please return the money to the account no.

.....

belonging to .....

..... .....
(town, date) (signature)