

# PROTOCOL OF COMPLAINT

No.

Date:

Receiver:

**ALEX Sp. z o. o. Poland**

Claimant:

Phone no.

No.	Name of LPG equipment	Qty	Serial number	Defect description
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Claimant's signature

Receiver's signature