

PROTOCOL OF COMPLAINT

No.	Date:	Receiver:
<input type="text"/>	<input type="text"/>	<div style="border: 1px solid black; padding: 20px; text-align: center;">ALEX Sp. z o. o. Poland</div>
Claimant:		
<input type="text"/>		
Phone no.		
<input type="text"/>		

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