

COMPLAINT FORM

1. PLACE OF OCURRENCE

Town: Valladolid

Province: Valladolid

Date: 22nd January 2021

2. DETAILS OF PERSON WHO COMPLAINS

Surname: García Antolín **Passport number:** 7836283402G

Name: Pablo **Address:** Santiago Avenue

Sex: M **Town:** Valladolid

Age: 43 **Province:** Valladolid **Nationality:** Spain

Profession: Accountant **Postal code:** 43221 **Telephone:** 983213773

3. DETAILS OF PERSON UNDER COMPLAINT

Company Name: Office Supplies Ltd.

Fiscal Number: C457323910

Address: 39 Saint James's Street

Town: Brighton

Province: 43

Postal Code: JS2 8ST

Telephone: 9836293743

4. DETAILS OF COMPLAINT

I received a shipment of items form this company, but unfortunately some of them were damaged. After communicating it to this company, they rejected neither to send me new ones nor to return the money. Therefore, I am forced to complain about it.

I would like them to refund my money plus a competition for the damage caused.

5. DOCUMENTS INCLUDED

I include the invoice, some photographs of those damaged items and their letters rejecting to refund any money or replace the damaged items.

6. SIGNATURES

Consumer:

Person under complaint: