

# **COMPLAINTS FORM**



To : Tov Shop, Dijk 83, 2861 Onze-Lieve-Vrouw Waver, Belgium;

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VAT number : BE 0645.801.353

(Tov Shop is part of TOV Business Group vof)

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Date *	<input type="text"/>
Reference or Invoice number *	<input type="text"/>
Ordered on *	<input type="text"/>
Received on *	<input type="text"/>
Customer Name *	<input type="text"/>
Street *	<input type="text"/>
House number *	<input type="text"/>
Zip code *	<input type="text"/>
Place *	<input type="text"/>
Land *	<input type="text"/>
Telephone *	<input type="text"/>
E-mail *	<input type="text"/>
Nature of the complaint *	<input type="text"/>
Description of the complaint *	<input type="text"/>
Signature *	<input type="text"/>

(\* mandatory fields)