

# LIBRISTO

## Complaint protocol

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### Claimants:

Name

Address

Phone

E-mail

**Return address:** Libristo ID: 3402, Frogman, P.O.Box 901, Detašované pracovisko - Sihoť,  
911 05 Trenčín

### Product and order information

Order number

*number on the tax invoice*

Date of sale

*on the receipt, the date of taxable transaction*

Name of the goods that are the subject of the complaint

Description of the fault

Package content

### Supplier:

**Please note:** Please pack the shipment very carefully so that it is not damaged during its journey.

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Date and signature of the claimant

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Date and signature of the seller