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| 1. **Sender details**
 |
| Company Name      | Name, Last name      |
| Telephone Number (work)       | Telephone Number (work)       | Email address      |
| 1. **Details of other person or supplier involved in this complaint/ recommendation**
 |
| Company Name      | Name, Last name      |
| Telephone Number (work)       | Telephone Number (work)       | Email address      |
| 1. **Details of goods or services supplied to the sender**
 |
| Date of purchase or serviceClick here to enter a date. |
| Description of the goods or service including make, model, type of service, purchase method, etc.      |
| 1. **Details of what the sender complaint/ recommend is**
 |
|       |
|  **To be filled by Azecolab** |
| Complaint/Recommendation received by      | Date receivedClick here to enter a date. |
| Action taken or required      |
| Date action completedClick here to enter a date. | Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |