OZB BYDGOSZCZ DIHAG FOUNDRY GROUP	COMPLAINT					
Issued on:						
Customer's name:						
Claimant:						
PURCHASE	ORDER DETAILS					
Purchase order no.:						
Invoice no.:						
DESCRIPTION OF THE CLAIMED OBJECT						
Description of the claim:						
Number of defective casts delivered:						
Number of all casts delivered:						
Date and signature of the claimant:						
* If the completed complaint form is not submitted, OŻB will not process the Complaint.						

attachments max 15 MB

Form:	KP No. 02/10	Issue:	01	Date of	01.03.2023	Page:	1 of 1
				validity:			