

**LANGOWSKI LOGISTICS Sp. z o.o.**  
Ul. Łużycka 3c, 81-537 Gdynia

.....  
(place and date)

<b>Order number, route</b>	
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<b>Name and address of the complainant</b>	
<b>VAT Reg. No.</b>	

<b>Contact person on the side of complainant</b>	
<b>Name and surname</b>	
<b>Position</b>	
<b>Tel No.</b>	
<b>E-mail</b>	

<b>Complaint refers to</b> <i>(please mark Your choice)</i>	<b>complete absence of goods</b>	<input type="checkbox"/>
	<b>partial absence of goods</b>	<input type="checkbox"/>
	<b>damage of goods</b>	<input type="checkbox"/>
	<b>late delivery</b>	<input type="checkbox"/>
	<b>Others events</b>	<input type="checkbox"/>

<b>Amount of claim and currency</b>	
<b>Weight of damages/missing goods which are the subject of the claim</b>	

<b>Additional information</b> <i>( please mark Your choice )</i>	<b>Was the claimed shipment covered by CARGO insurance purchased through/according to the offer of LANGOWSKI LOGISTICS?</b>	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
	<b>If the claimed shipment was covered by CARGO insurance purchased through/according to the offer of LANGOWSKI LOGISTICS, then will the complainant use this insurance?</b>	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>
	<b>Was the claimed shipment covered by CARGO insurance not purchased through/according to the offer of LANGOWSKI LOGISTICS?</b>	YES	<input type="checkbox"/>
		NO	<input type="checkbox"/>

**In case the complaint is accepted, transfer the receivables to the account:**

<b>Name of Customer</b>	
<b>Name of bank</b>	
<b>Account number</b>	

<b>Detailed damage description</b>

<b>Signature of complainant</b>	<b>Stamp</b>