



Klachtenformulier / COMPLAINT FILE

Your complaint will be reviewed and solved within 6 weeks

Send this form to:

Say it in Dutch, info@sayitindutch.com or PO BOX 6155, 9702 HD Groningen, Netherlands

***Your Full Name :**

***Your emailaddress:**

***Your Home address:**

***Your Phone number:**

Order number (if applicable) you wish to complain about:

***Describe your complaint:**

Your suggestion how to resolve the problem:

***Place, Date and Signature:**

