

# REPORT OF COMPLAINT



To:  
**Ivarssons i Metsjö AB**  
**Metsjö**  
**585 92 LINKÖPING**

Metsjö Case no: .....

Date:.....

<b>Complaint From:</b>
<b>Contact</b>
<b>Mailadress</b>
<b>Phone</b>
<b>Responsible for repare work</b>
<b>Mailadress</b>
<b>Phone</b>

Owners name
Phone

<b>Type of trailer</b>
<b>Chassis no</b>
Date of delivery
Date of repair

**MEASURE**

---



---



---



---



---



---

Sparepart	Art no	Quantity	Price each	Total cost
Hours of work		Quantity	Price each	

**Sum** \_\_\_\_\_

Date of sent goods \_\_\_\_\_

Goods must be clearly markt with chassis no \_\_\_\_\_

Signature \_\_\_\_\_