

Customer Complaint Form

Client's Details:	
Name:	
Account Number:	
Complaint Details:	
Cause for the complaint?	
What do you expect?	
Please fill additional fields if a specific order is affected:	
Ticket ID number:	
Time (UTC):	
Contact number:	
Current address:	
Account type:	
Signature:	
Date:	
Customer's Signature:	X

Vetro Prime Limited will handle the complaint promptly and comment on it.
 Please send the complaint form to our compliance department: support@vetroprime.com