

## Service Return/ Complaint Form

Please send completed form to the following e-mail address:  
[wnioski.gabinetbialegozeba@gmail.com](mailto:wnioski.gabinetbialegozeba@gmail.com)

### Contact details:

1. Name and surname: \_\_\_\_\_
2. E-mail address: \_\_\_\_\_
3. Phone number: \_\_\_\_\_

### Service details:

4. Service name: \_\_\_\_\_
5. Date of service: \_\_\_\_\_
6. Order number: \_\_\_\_\_
7. Amount paid (in PLN): \_\_\_\_\_

### Report type:

- Return
- Complaint

**Details:** Please provide the informations in your own words

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**Your expectations:** Please select your preferred solution (*you can choose more than one*):

- Refund - Your banking account number for refund: \_\_\_\_\_
- Free treatment
- Other - please specify: \_\_\_\_\_

**Attachments:** \_\_\_\_\_

**Declaration:** I declare that all information provided is true and complete to the best of my knowledge. I understand that the waiting time for consideration of my case is up to 14 days from the date of successful submission of the application.

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Date

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Signature