

Date: __/__/____

IDENTIFICATION OF THE COMPLAINANT

(Filling in the Complainant Identification is not mandatory, if you want your complaint to be anonymous)

Name: _____

Address: _____

Postal Code: _____ - _____ City: _____

Telephone: _____ Cell Phone: _____ E-mail: _____

REASON FOR CLAIM

(Complaint Description)

COMMENTS

(Field reserved for MWS – Master Welding Solutions, Lda.)

Received by: _____

Complainant's Signature: _____
(not mandatory)

Date: __/__/____

Received by: _____

Complainant's Signature: _____
(not mandatory)