

 FLAVOURS FACTORY <small>TASTE DESIGN</small>	Document name: FORM	
	Document title: COMPLAINT FORM	Document no: P.06.02

1.Date	
2. Company Name	
3. Flavor name and index	
4. Batch number	
5. Reason for complaint (please describe exactly what, where, where, a detailed description will speed up the complaint process)	
6. Attachments (e.g., photos, test results)	

Note!!! Completion of the first 4 points is necessary to start the complaint process.

Flavours Factory Sp. Z o.o. Jasna Street 1; Lipka; 05-205 Klembów, Poland	Release date 15.04.2024	Issue numer 1.1	Page number 1
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