

Complaint form

Information translation of the linked Polish document. In case of discrepancies, the Polish original prevails. This translation does not change its content or date of issue.

Polish original

To be completed by a BackOffice Outsourcing Sp. z o.o. employee

Complaint reference number: _____

Date received by the Operator: _____

Subject/reason for the complaint: _____

Reasons to select: delayed delivery, loss, destruction, damage, non-delivery of a registered item. Item type: registered letter, parcel or courier item.

Proof of posting of the registered item (to be completed by the Operator): _____

Attach a copy/scan of the proof of posting for record-keeping and further proceedings.

Complainant's full name and address (street and number, postcode and city; registered office) or company address stamp: _____

Name of the person submitting the complaint: _____

Telephone number and email address: _____

Full delivery address of the item concerned (street and number, postcode and city): _____

Full description of the incident, including evidence of damage, destruction, loss or delivery of the registered item contrary to the regulations and general conditions of postal services: _____

Amount claimed in PLN, if compensation is requested under the regulations and general conditions of postal services: _____

Other documents and information: _____

The personal data above will be processed by BackOffice Outsourcing Sp. z o.o., Al. Stanów Zjednoczonych 72/12, 04-036 Warszawa, to handle this complaint. Customers have the right to access and correct their data. Providing data is voluntary but necessary to handle the complaint.

I agree to receive commercial information from BackOffice Outsourcing Sp. z o.o. by electronic means within the meaning of the Act of 18 July 2002 on the Provision of Services by Electronic Means (Journal of Laws No. 144, item 1204, as amended). ☐

Date and legible signature of the person submitting the complaint: _____

Date and legible signature of the BackOffice Outsourcing Sp. z o.o. employee: _____