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| **Dati del cliente che ha reclamato** |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Azienda | | | |  | |  | | | |  | Nominativo | | | |  |  | | |  | | | |  | |  | | | |  |  | | | |  |  | | | Telefono | | | |  | |  | | | |  | Email | | | |  |  | | |  | | | | | | | | | | | | | | | | | | | Data del reclamo | | | |  | |  | | | |  | Orario reclamo | | | |  |  | | |  | | | | | | | | | | | | | | | | | | | Attività oggetto del reclamo: | | | | | | | | | | | | | | | | | |  |  |  | | **Tipo reclamo** |  |  |  | |  | |  |  |  | | |  |  |  | | | |
| |  |  |  | | --- | --- | --- | | Oggetto del reclamo |  |  | |  | | | | Note |  |  | |

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| **Trattamento del reclamo** |
|  |
| |  |  |  | | --- | --- | --- | | Trattamento del reclamo |  | Inviare tramite email a **direzione@pomilids.it** oppure via fax al numero 069060437 | |  | | | |