

COMPLAINTS BOOK (PRINTABLE VERSION)

TERMAIN S.A.C.

Jr. 2 de Mayo 253, Barranco, Lima, Perú

RUC: 20601448697



DATE	DAY	MONTH	YEAR

COMPLAINT FORM
N°

RESERVATION ID

FIRST NAME		DATE	
LAST NAME		HOUR	

IDENTIFICATION OF THE COMPLAINING CONSUMER

FIRST NAME		LAST NAME	
CELL PHONE NUMBER		OTHER PHONE NUMBER	
TYPE OF DOCUMENT <input type="checkbox"/> DNI <input type="checkbox"/> C.E. <input type="checkbox"/> PASSPORT		ID NUMBER	
COUNTRY		STATE	
ADDRESS		ZIP CODE	
E-MAIL ADDRESS			

UNDERAGE?

If you are a minor, it is necessary to fill out the following fields

FIRST NAME		LAST NAME	
TYPE OF DOCUMENT <input type="checkbox"/> DNI <input type="checkbox"/> C.E. <input type="checkbox"/> PASSPORT		ID NUMBER	

IDENTIFICATION OF THE CONTRACTED GOOD

PRODUCT

SERVICE

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SIGNATURE

DETAILS OF THE CLAIM OR COMPLAINT

CLAIM

COMPLAINT

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CLAIM: Disagreement related to products and/or services.

COMPLAINT: Disagreement not related to products or services, discomfort or dissatisfaction with customer service.