

Annex B Complaint Form

Date:								
Customer na	ame and addre	ss (company):						
Contact person, position title, phone # and email address:								
Cubicati								
Subject:								
Detailed des	scription of the	complaint:						
Dorfin produ	uct details:							
Brand	Dorfin Code	Product Name	UPC (if applicable)	Size (if applicable)	Order Number			

Brand	Dorfin Code	Product Name	UPC (if applicable)	Size (if applicable)	Order Number

Name (please print):

Signature:

Send it to Dorfin Inc.:

Email: info@dorfin.com; customerservice@dorfin.com

Contact person for the recall procedure: Santo Gullotti (customer service manager)

Contact person for conducting the recall: Justin Aranoff (VP)

5757 boul Thimens St-Laurent, QC H4R 2H6

Phone: (514) 335-0333







