

Guest : Full name

Address for submitting the response

Phone:

Gsm:

In _____, days _____

In accordance with article 32, paragraph 1, item 6 of the HOSPITALITY AND CATERING INDUSTRY ACT Official Gazette 85/15, 121/16, 99/18, 25/19, 98/19, 32/20, 42/20. We are informing the guests that formal complaint about the quality of our service may be submitted in writing to:

Our address	SOBE DIVIĆ FRANJEVAČKA 11 A, 43000 BJELOVAR-HRVATSKA
E-mail:	divic.milan@gmail.com
Fax:	+385 (0)43 211 463

OBJECTION

Name of services:

Provided days:

Account number:

Description of complaint:

The answer to your complaint you will receive in writing at least 15 days from the receipt of the complaint.

Signature customer: _____

Signature Host: _____