Address for submitting the response  Phone: Gsm:  In, days	Guest : F	'ull name		
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  MAŽURANIĆEVA 4, 43000 BJELOVAR-HRVATSKA  E-mail: divis.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.	Address for submi	tting the response		
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The answer to your complaint you will receive in writing at least 15 days from the receipt of the complaint.				
complaint.	Description of companies			
complaint.				
Signature customer:				
Signature customer:				
	Signature customer:			
Signature Host:				