


COMPLAINT FORM

- DATE OF FORM COMPLETION:
- PURCHASE INVOICE NUMBER OF THE PRODUCT(S) BEING COMPLAINED ABOUT:
- NUMBER OF PRODUCTS BEING COMPLAINED ABOUT [PCS.]:
- THE PERSON MAKING THE COMPLAINT (FIRST NAME AND SURNAME):
- CONTACT NUMBER:
- EMAIL:
- NAME - TYPE OF THE PRODUCT BEING COMPLAINED ABOUT:
- THE ADDRESS WHERE THE PRODUCT(S) CURRENTLY BEING COMPLAINED ABOUT IS LOCATED:
- DESCRIPTION OF THE COMPLAINT - OBSERVED PRODUCT DEFECTS:

 Please obligatorily attach to this form a photographic documentation showing the indicated product

Expected - suggested form of handling a complaint, from the customer's side:

- product replacement financial compensation defect removal

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Legible signature/stamp of the person making the complaint