

COMPLAINT FORM

Product (name / model / id): .....

Acquisition date \_\_ \_\_ | \_\_ \_\_ Description (manner or reason) of the damage:

.....  
.....  
.....  
.....

Customer data: First name: .....Surname: .....

Address:.....

Post/Zip-code: ..... City: .....

e-mail: ..... ..

Preferred form of recognition of the complaint Please mark the appropriate point:

1. New the same model

2. Return of purchase costs \*

\*) only in cases when:

- replacement is not possible or would expose the advertiser to significant inconvenience,

- the seller did not exchange items for a new one at the right time.

Attention! The complaint will not be recognized without the inclusion of a proof of product purchase (fiscal receipt or FV) and a correctly filled complaint form.

.....  
Customer's date and signature

DECYSION OF COMPLAINTS

Decision of he complaint is considered: positively \* / negatively \*

\*) mark if not applicable

.....  
Date and service signature