

COMPLAINT FORM

TO BE COMPLETED BY THE CUSTOMER

Complaint date		Invoice number				
CUSTOMER INFORMATION	Company					
	Name and surname					
	Address					
	Phone					
	E-mail address					
COMPLAINT INFORMATION	Product name and code					
	Quantity					
	Complaint details					
	Proposed response action (Select only one option)	<input type="checkbox"/> Sending elements	<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement for a new one	<input type="checkbox"/> Invoice correction	<input type="checkbox"/> Discount
	Pictures of the damage / defect	Please attach pictures of the damage/defect up close as well as from a distance indicating the place of damage/defect of the product (in the absence of pictures, the complaint will be rejected)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Picture of the quality control sticker	Please attach picture of the quality control sticker which is on the back of the product or inside the package			<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Picture of the product packaging	Please attach pictures of the product packaging from both sides. (in the absence of pictures, the complaint will be rejected)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Picture of the stamp from the packaging	Please attach picture of the stamp from the packaging, which should be next to the product code			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Written damage report (In the case of receiving a damaged package)	Please provide a written report in the presence of the courier / carrier performing the delivery (in the absence of the report, the complaint will be rejected)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ADDRESS DETAILS	Address and contact details (in the case of receipt of goods)	Address:				
		Phone:				
	Address and contact details (in the case of shipping the goods / sending the elements)	Address:				
		Phone:				

TO BE COMPLETED BY THE SELLER

ACCEPTANCE OF COMPLAINTS	Complaint number					
	Date of receipt of the complaint					
	The person receiving the complaint					
COMPLAINT OUTCOME	Decision	<input type="checkbox"/> Complaint accepted		<input type="checkbox"/> Complaint rejected		
	Reasons for the decision					
	Resolving the complaint	<input type="checkbox"/> Sending elements	<input type="checkbox"/> Repair	<input type="checkbox"/> Replacement for a new one	<input type="checkbox"/> Invoice correction	<input type="checkbox"/> Discount
	A correction invoice was issued	<input type="checkbox"/> Yes			<input type="checkbox"/> No	
	Date of accepting the complaint and issuing the correction invoice					
OTHER	Release confirmation (bill of lading number)					