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COMPLAINT FORM

FIRST AND LAST NAME OF THE PERSON FILING THE COMPLAINT			
ADDRESS FOR CORRESPONDENCE OR GOODS DISPATCH			
E-MAIL		TELEPHONE NUMBER	
NAME OF THE PRODUCT ENCOMPASSED BY THE COMPLAINT			
PRODUCT SYMBOL		EAN BATCH NO.	
NUMBER OF PIECES ENCOMPASSED BY THE COMPLAINT			DATE OF REPORTING THE COMPLAINT
CUSTOMER CLAIM (underline as appropriate):		Replacement with a new product / repair / cash refund	
PURCHASE DATE		PURCHASE LOCATION	
DESCRIPTION OF THE DEFECT			
SIGNATURE OF PERSON FILING THE COMPLAINT			

Date and signature of person receiving the complaint report