



# COMPLAINT FORM

PLEASE FILL OUT THIS FORM ENTIRELY.  
PRODUCT MUST BE DRY AND CLEAN. PLEASE ATTACH THE  
EVIDENCE OF THE PURCHASE (RECEIPT OR VAT INVOICE).

### DETAILS OF THE PRODUCT:

ORDER NUMBER: .....  
NAME OF THE PRODUCT: .....  
.....  
.....

### CLIENT'S CONTACT DETAILS

NAME AND SURNAME / COMPANY: .....  
ADDRESS: .....  
PHONE NUMBER: .....  
E-MAIL: .....  
BANK ACCOUNT NUMBER: .....

**DESCRIPTION OF THE DEFECT/FAULT:** .....  
.....  
.....  
.....  
.....  
**DATE ON WHICH THE DEFECT WAS DISCOVERED:** .....

### IN WHICH CIRCUMSTANCES WAS THE DEFECT DISCOVERED?

- WHILE USING
- OTHER

### EXPECTED FORM OF THE OUTCOME OF THE COMPLAINT:

- REPLACEMENT / REPAIR
- CASH REFUND

.....  
DATE OF COMPLAINT

.....  
CLIENT SIGNATURE