

COMPLAINTS PROTOCOL

To be filled in by the customer:

Buyer's company/name and address:

Contact person:

Phone:

E-mail:

VAT ID:

Comment:

Return address for sending goods:

(If it is the same as above, do not fill in!)

Claimed goods:

Product serial number:

Purchase date:

(Invoice date)

Invoice number:

Detailed description of the defect: *

Date:

Buyer's signature:

To be filled in by the seller:

Date of receipt of complaint:

The complaint is handled by:

Complaint resolution:

Handing over the goods to the customer:

Date:

Signature: