

## COMPLAINT FORM

Buyer Name and Surname : \_\_\_\_\_

Buyer Address : \_\_\_\_\_

Telephone : \_\_\_\_\_ E-mail: \_\_\_\_\_

Product Purchase Date : \_\_\_\_\_ Proof of Purchase (Invoice) No. : \_\_\_\_\_

Product Description (Name, Code etc.) : \_\_\_\_\_

Full Price Paid : \_\_\_\_\_

Detailed description of defects (damage) :

Date of defect (damage) discovery : \_\_\_\_\_

Preferred method of complaint resolution :

1. Removing the defect by (choose one):

REPAIRING

REPLACING

2. If removing the defect is impossible (choose one) :

PRICE REDUCTION

WITHDRAWAL FROM CONTRACT

The SELLER will notify the CONSUMER of the time and method of complaint resolution within 14 calendar days of receipt of the form. The form can be sent by post or e-mail.

\_\_\_\_\_  
*Place and Date*

\_\_\_\_\_  
*Consumer's Signature*

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(filled in by the SELLER)

**Complaint resolution decision :**

- POSITIVE
- NEGATIVE

**Explanation :**

**Complaint resolution method :**

- REPLACEMENT
- REPAIR
- PRICE REDUCTION : \_\_\_\_\_ (EUR)
- MONEY RETURN – AMOUNT : \_\_\_\_\_ (EUR)

**Other comments:**

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*Date and seller's signature*

*Note : In case of a positive decision, attach a proof of purchase to this form and file both documents for accounting records. If the proof of purchase is a VAT receipt it needs to be ORIGINAL for VAT deduction purposes.*