



COMPLAINT FORM

1. CUSTOMER DATA

Name and surname: _____

Email address (optional) : _____

2. ORDER DETAILS

Order or invoice number: _____

Date of purchase/receipt of the order: _____

3. SCOPE OF COMPLAINTS AND A DESCRIPTION OF THE IRREGULARITIES

Scope of complaints *(please mark the appropriate ones)*

Entire Order
below)

Selected products *(if selected products – please fill in the table*

Type of irregularity reported *(please mark the appropriate one)*

Damage (bruise) during transport

Product quality defect

Other

Product Name	Quantity	Description of the defect/abnormality <i>(short description, e.g. bruise, crack, enamel defect)</i>

4. CUSTOMER REQUEST *(Please select the appropriate)*

Refund*

Replacement of goods with a new, defect-free one*

**The choice of claim is up to the consumer*

5. ATTACHMENTS

Copy of the purchase document (receipt / invoice)

Photos showing the defect

6. CLIENT STATEMENT

I declare that the information provided in the form is true and that the complained goods have been secured for the duration of transport in a way that protects them from damage.

Date and signature: _____

(Required only if you submit a paper form)