

Complaint Form

Type your text

DATE OF COMPLAINT: DATE OF PURCHASE: ORDER NUMBER:
DATE OF DETECTION OF THE DEFECT:.....
FIRST NAME AND LAST NAME.....
TELEPHONE: EMAIL:

Product:

.....

DESCRIPTION OF THE DEFECT / DAMAGE:

.....
.....
.....
.....

The expected form of considering the complaint:

<input type="checkbox"/>	REPAIR
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<input type="checkbox"/>	EXCHANGE
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COMMENTS:

.....
.....
..

We only fill in for online orders:

I declare that I know the terms of the complaint of the goods specified in the Store Regulations. According to by the Act of August 27, 1997 Journal U. of 2002, No. 101, item 923 as amended, I consent to processing of my personal data contained in the complaint for the needs carrying out the complaint process for the goods purchased by me.

Consumer's signature:

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