

# Complaint Form

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**Complaint section (to be filled in by the customer):**

\* First and last name:

Buyer's address:

Company:

\* Phone:

Company ID / VAT ID:

\* E-mail:

Notes (bank account number, etc.):

Return address for sending the goods back:

\* Claimed goods: .....

\* Date of purchase: .....

\* Order number: .....

**Please describe the defect as precisely as possible – CLEARLY**  
(What exactly is the defect, when and under what circumstances did it occur?)

Your preferred method  
of claim resolution:

- ☐ Replacement of goods  
(or defective part of the goods)
- ☐ Withdrawal from the contract  
(=refund)

\* Date:

\* Signature:

\* Required field