

**Purchaser/ company's name / official stamp:**

**Purchaser's address:** .....

**Contact telephone:** ..... **e-mail:** .....

**Date of purchase:** ..... **Purchase invoice no.:** .....

**Good's name (catalogue no.):** .....

.....

.....

..... **quantity:** .....

**Complaint cause:** (detailed description of the good's defect/damage)

.....

.....

.....

**Date of good's defect/damage being identified:** .....

Customer's request with respect to the complaint resolution (return/replacement/other)

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(Seller shall consider the complaint within up to 14 working days of the receipt of complaint report and goods' return)

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Date and signature of the recipient of the defective goods

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**FILLED IN BY THE COMPANY:**

**Seller's decision with respect to complaint resolution:** .....

.....

**Complaint considered positively  / negatively  (if negatively – provide justification)**

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.....  
City/town and data  
signature/stamp of the  
complaining Customer

.....  
City/town and data  
signature/stamp of the DH  
employee handling the complaint