**COMPLAINT FORM**

Place and date: ……………………………

**Buyer info**

First and last name: ………………………………………..………………………………………………………………………

Street, house/apartment number: ………………………………..……………………………………………………………………………..

Postal code, city: ………………………………….……………………………………………………………………………

Telephone/e-mail: ……………………………………….………………………………………………………………………

Order number: ………………………………………..………………………………………………………………………

**Product(s) info**

Product(s) name: ……………………………………………….………………….……………………….…………………

………………………………….…………………………………………………….………………………

The value of the Product(s) (including delivery costs): ………….………………….............................................................................................................................

Date of purchase: ………….………………….............................................................................................................................

Proof of purchase: ………………………………………………………………………………………………………………..

Type of nonconformity of the Product(s) with the Sales Contract (please describe defects)

 …………….…………………………………………………………………….........................................

……………………………………………………………………………………………………………………………………..…………………………………………………………………………………………

Date of discovering the nonconformity (defects) ………………………………………………….………………………………………………….…………

**Buyer`s Demand**

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………………………………………………………………………………………………………………

……………………..………………….………………

 Buyer`s signature