

# COMPLAINT REGARDING DEFECTIVE PRODUCT

<b>Company</b>	Name of company	
	Address	Postal code and post office (city or town)
<b>Subject of complaint</b>	Defective product	
	Product purchased (time and place)	
	Defect noted (time)	
	Description of defect	
	<b>Warranty</b> <input type="checkbox"/> Warranty valid                      Warranty period _____ <input type="checkbox"/> Warranty expired <input type="checkbox"/> Product was not under warranty	
	Product returned to company for defect assessment <input type="checkbox"/> Product delivered                      Time and place _____ <input type="checkbox"/> Product will be delivered <input type="checkbox"/> Product has not been delivered	
<b>Claim</b>	<input type="checkbox"/> The product will be repaired to restore it to the condition it was in prior to the defect or exchanged for a new one <i>If repair or exchange is not possible</i> <input type="checkbox"/> Discount of _____ euro    or <input type="checkbox"/> Transaction will be voided	
	Compensation of damages for expenses due to the defect _____ € travel expenses _____ € postal expenses _____ € phone expenses _____ € other expenses, specify _____ _____ € total	
<b>Complaint submitted by</b>	Name	
	Address	Postal code and post office (city or town)
	Phone number	E-mail address
	Bank information and account number for payment of compensation	
<b>Date</b>	Time and place	

**A response is expected within two weeks of the submission date.**