## COMPLAINT TO THE OPERATOR REGARDING A SERVICE DEFECT

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Company	Name of the company	
	Address	Postal code and city
Reason for the complaint	Service	
	Use of service began (date)	
	20	
	Defect observed (time and place)	
	20	
	Agreed speed	
	Service interruptions	
	Defect (description of how service fails to meet agreed standards)	
Claim	Service defect must be rectified or the service must be provided again	
	Claim in the case that rectifying the defect or repeating the service is not possible □ Price discount € or □ Cancellation of the contract □ I claim standard compensation compensation Claim in the case that rectifying the defect or repeating the service is not possible ○ Claim in the case that rectifying the defect or repeating the service is not possible ○ Claim standard € or □ Cancellation of the contract ○ Claim standard € for each week of interruption. (The minimum amount of standard compensation is 20 € / week, the maximum total amount is 160 €)	
	compensation 20 € / week, the maximum total amount is 160 €) In addition, I claim:	
	€ in travel expenses	
	€ in telephone expenses	
	€ other expenses, specify	
Compleint	€ total	
Complaint filed by	Name	
	Address	Postal code and city
	Telephone	E-mail
	ank and account number to which compensation is to be paid	
Date	Time and place	

I expect a response within two weeks.