

COMPLAINT REGARDING DEFECTIVE SERVICE

Company	Name of company	
	Address	Postal code and post office (city or town)
Subject of complaint	Defective service	
	Service purchased/written agreement made (time and place)	
	Defect noted (time and place)	
	Description of defect	
Claim	<input type="checkbox"/> The service defect will be rectified or the service will be carried out again <i>Claim in the event that rectification or repeated service is not possible</i>	
	<input type="checkbox"/> Discount of _____ euro or <input type="checkbox"/> Agreement termination	
	Compensation of damages for expenses due to the defect	
	_____ € travel expenses _____ € phone expenses _____ € other expenses, specify _____ _____ € total	
Complaint submitted by	Name	
	Address	Postal code and post office (city or town)
	Phone number	E-mail address
	Bank information and account number for payment of compensation	
Date	Time and place	

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