

COMPLAINT FORM

SELLER: Black Mode, P.O.BOX 32, 440 01 Louny, Czechia

CUSTOMMER:

Name and surname:

Address (street, number, city, ZIP code):

Phone number:

Email address:

COMPLAINTS ABOUT GOODS / SERVICES:

Invoice number, other proof of purchase:

Product name:

Purchase date:

Accessories:

Description of the issue / malfunction:

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I propose that my claim be processed in the following way:

- Goods exchange
- Goods repair
- Refund
- Discount from the purchase price
- Other

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In on

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Signature of the customer

PROTOCOL ON COMPLAINT HANDLING

Seller's statement:

Date of acceptance:

Date of equipment:

Complaint:

- was acknowledged
- was not acknowledged

Method of handling the complaint:

Repair:

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Other:

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Stamp and signature of the seller