COMPLAINT FORM

SUPPLIER: ……
(Seller) Address: ……
E-mail: ……
Phone: ……
ID number: ……..…
TIN: ……..…

CUSTOMER: Name and surname:
(Buyer) Address:
E-mail:
ID number:
Phone: ……

ORDER / INVOICE NUMBER: ……
SHIPMENT DELIVERY DATE:
PRODUCT NAME:
WHO INSTALLED THE PART? Private person ☐
Car service ☐
……...
name and phone number car service

TO BE FILLED IN BY THE CUSTOMER (BUYER)

REASON FOR COMPLAINT:

/Please provide a detailed description of errors and shortcomings in a few sentences./
/Attach or send by email photo documentation / video recording in order to prove the facts stated by you./
/In case of assembly of electronic parts, we request to attach a statement from the diagnostics./

REQUIRED METHOD OF COMPLAINT: Correction ☐ Exchange ☐ Discount ☐

Date and signature:

TO BE FILLED IN BY THE SUPPLIER (SELLER)

Date of receipt of part:
Accepted by (First and last name): ……
Signature:

METHOD FOR HANDLING THE CLAIM: ……...

Date of complaint handling:

The complaint procedure can only be started after filling out this form. It is necessary to provide an exact description of errors and deficiencies with the complaint. It is not possible to return the goods by cash on delivery - if this happens, they will not be accepted!!!