

COMPLAINT NOTIFICATION FORM - SHOES / ACCESSORIES

Date of filing the complaint:

CUSTOMER'S DATA

Name and surname:	E-mail address:
Address:	Telephone number:

PRODUCT DETAILS

Product name:	
Order number/receipt number:	Defect detection date:

REASON FOR COMPLAINT

<input type="checkbox"/> Ripping/crack	<input type="checkbox"/> Torn heel lining	<input type="checkbox"/> Broken decoration	<input type="checkbox"/> Discoloration
<input type="checkbox"/> Damaged sole	<input type="checkbox"/> Broken buckle	<input type="checkbox"/> Leaking	<input type="checkbox"/> Scratches
<input type="checkbox"/> Other reasons:			
Details:			

COMPLAINT HANDLING PROPOSAL

<input type="checkbox"/> Repair	<input type="checkbox"/> Exchange	<input type="checkbox"/> Refund (withdrawing from the purchase)	<input type="checkbox"/> Reducing the price (amount)
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BANK ACCOUNT NUMBER

Payment for the order will be refunded using the same method of payment as used by the consumer. Cash on delivery payments will be refunded to the account number provided below:

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SWIFT code:

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Date and customer's signature