

COMPLAINT NOTIFICATION FORM - CLOTHES

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

Please indicate the place where the defect occurs and choose the reason for the complaint:

- ☐ front
- ☐ back
- ☐ side



<input type="checkbox"/> Ripping/crack	<input type="checkbox"/> Discoloration	<input type="checkbox"/> Shrinking/stretching	<input type="checkbox"/> Other reason:
<input type="checkbox"/> Fabric pilling	<input type="checkbox"/> Broken zip/fastening	<input type="checkbox"/> Damaged decoration	

Details:

Condition of the goods (to be filled in by the seller):

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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We reserve the right not to consider a complaint if the product does not meet the basic hygienic conditions for visual inspection.

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:

[illegible]

SWIFT-Code:

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Date and customer's signature