

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