COMPLAINT FORM

Buyer's name: _____

Buyer's address: _____

Phone: _____ *E-mail:* _____

Purchase date: _____

VAT invoice no.: _____ *Index no:* _____

TYPE OF DEFECT:

(select as appropriate)

- ☐ Defective product
- ☐ Damaged in transport
- ☐ Surplus delivery
- ☐ Missing in delivery

PHOTOS TAKEN:

☐ *YES* ☐ *NO*

CARRIER'S PROTOCOL:

☐ *YES* ☐ *NO*

PRODUCT'S DEFECT CONSISTS IN:

- ☐ Deformation
- ☐ Scratches
- ☐ Cut open / torn
- ☐ Unsealed
- ☐ Other, please specify: _____

EXTERNAL PACKAGING DAMAGED?

☐ *YES* ☐ *NO*

TRANSPORT:

- ☐ Sender's courier
- ☐ Buyer's courier
- ☐ WEBA's transport
- ☐ Client's own pick-up

Complaint reason (Detailed description of product's defect / damage): _____

_____

_____

Date of identification of product defect / damage: _____

Claimant's demand related to complaint (select as appropriate):

- ☐ Replacement with product free of defects
- ☐ Invoice correction
- ☐ Delivery of missing products
- ☐ VAT invoice for surplus products
- ☐ Pick-up of surplus / mistakenly delivered products
- ☐ Warranty repair
- ☐ Other, please specify. _____

Terms and conditions stipulated in the *Complaint Regulations*, available at www.weba.com.pl from a trade consultant, shall apply when filing complaints. Please make returns to:

Grupa Weba sp. z o.o. ul. Krańcowa 24, 61-037 Poznań,Poland

Date, signature:

_____

COMPLAINT PROTOCOL -

UZUPEŁNIA PRACOWNIK WEBA

Reklamacja Klienta nr	
Data przyjęcia reklamacji:	
Przedmiot reklamacji:	Indeks:
Przyczyna reklamacji:	
Opis przeprowadzonej ekspertyzy:	
Reklamacja: (właściwe zakreślić) ☐ Uznana ☐ Nieuznana	
Przebieg rozpatrzenia reklamacji:	
Zrealizowano dnia:	Podpis osoby odpowiedzialnej: