

COMPLAINT FORM

Date / Registration No. _____ / _____

In order to resolve your complaint as quickly and favorably as possible, please provide us with all relevant data through this form.

Customer data:

Your name / Company name:

Invoice no. / date : / Customer No.:

Subject of the complaint:

- billing error
- item missing from the parcel
- received another product than the one ordered
- product not conforming to specifications
- damaged product(s) received

More details:

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What is the proposal for settling the complaint?

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The following section will be filled in by an Elemental operator

SOLUTION

Picked / packed by: /