

COMPLAINTS PROTOCOL

DEALER:

DELIVERY SHEET NUMBER:

DATE OF PURCHASE:

NAME OF GOODS:

PRODUCTION DATE:

CLAIMED QUANTITY:

IDENTIFICATION OF CLAIMED QUANTITY:.....

(Send photos of the claimed goods with the protocol)

DEFECT ON GOODS:

- A: MISMATCH WITH DELIVERY NOTE
- B: MECHANICAL DAMAGE
- C: DEFORMATION
- D: GEOMETRY ERROR
- E: OTHER FAILURE, (description of the defect):

CUSTOMER REQUESTS:

- A: CREDIT NOTE
- B: EXCHANGE OF GOODS
- C: DISCOUNT
- D: OTHER REQUIREMENT

PROTOCOL HAS EXPOSED

NAME:

DATE:

CONTACT ADDRESS:

PHONE:

Send the completed form to: **REKLAMACE@PIPELIFE.CZ**