

COMPLAINT PROTOCOL

Name of person lodging complaint:.....
 Postal address:.....
 Phone:
 E-mail:
 Shipping address of the faulty/damaged goods:.....

Device code:		Size:	
Purchase date:		Purchase price:	
Date when the fault/damage was noticed:		Batch number: (placed in the warranty card)	

Reasons [detailed description of a fault/damage]:

.....

How long the product has been used?.....

Has the device been fitted to a patient (eg. cut, polished, bended), if yes – please provide a method:

.....

Patient's name.....

Age....., Height.....cm, Weight..... kg,

Illness – medical condition

.....

(Place)

.....

(date, claimer's signature)

ATTENTION:

To be dealt with, the complaint has to be reported together with warranty card, proof of purchase and filled complaint protocol. Manufacturer will make the decision about the way the complaint will be handled within 14 days (starting from the day the good was delivered to the Manufacturer) and will inform the customer about it (in written form, by e-mail or by fax).

/Manufacturer's part/

Manufacturer's decision regarding the complaint handling:

.....

.....

(date, manufacturer's signature)

