COMPLAINT PROTOCOL

1. Company data: .....

Postal address: .....

Phone: .....

E-mail: .....

Device code:		*Size:*	
Purchase date:		*Quantity:*	
Date when the fault/damage was noticed:		*Batch number (LOT):*	

2. Complaint reason [detailed description a fault/ damage]:

.....

.....

.....

Additional notes:.....

3. Patient's details

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

Illness – medical condition .....

(Place, date, claimer's signature)

/Manufactirer's part/

4. Manufacturer's decision regarding the complaint handling no ..... :

.....

.....

.....

.....

(date, Manufacturer's singnature)

REH4MAT sp. z o.o. (dawniej REH4MAT Sławomir Wroński), ul. Zenitowa 5a, 35-301 Rzeszów,
Adres korespondencyjny/Mailing address: ul. Truskawkowa 17, Widna Góra, 37-500 Jarosław, POLAND
Sales department phone: +48 16 621 42 20; +48 16 621 41 35
e-mail: biuro@reh4mat.com ▪ www.reh4mat.com