

COMPLAINT FORM / RETURN FORM

(not necessary cross out)

I. Please fill in:

First name/Secondary name	
Nick / login:	
Phone number	
E-mail address	
Order date	
Return date	

II. Return assortment:

1.	
2.	
3.	
4.	
5.	

III. Reason for return/complaint (please tick as appropriate):

1.	Product incompatible with the order	4.	Delayed delivery of goods
2.	No reason	5.	Non-delivery
3.	Damaged goods	6.	Different

IV. I request:

1.	Replacement of the goods for the same defect free
2.	Exchange goods for another goods
3.	Return money (bank account):

Place, date

.....
Signature