

COMPLAINANT**COMPLAINT RECIPIENT**

Name and surname

Address

VAT ID

Phone

Place Date

Seller's stamp

1. Product index and name:

Quantity: pc/set

Purchase document No.:

2. Vehicle data:

make, model, type

.....

year of manufacture/
date of first registration

.....

chassis number

.....

capacity/engine number

3. Date:

of parts installation

.....

of parts dismantle

4. Mileage:

at the date of installation

.....

at the date of dismantle

5. Who installed the part: User Repair shop6. Who recognised the defective part: User Repair shop

Repair shop's stamp, date, signature

 During operation Before installation During installation After a collision

7. Cause of the complaint (precise description of the defects, testing results, repair shop's opinion):

.....

.....

.....


8. Who dismantled the part: User Repair shop9. Complaint resolution: Replacement
of the part Refund

Repair shop's stamp, date, signature

All fields of the form must be correctly filled in. Failure to complete any of the fields results in rejection of the complaint



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