

Complaint report



Complaint

Returned goods**

| | |
|-----------------------|--|
| Customer | |
| Address | |
| Contact person | |
| Phone number | |
| E-mail | |

| | |
|---|--|
| No. of document* | |
| Type of product/ Order no. | |
| Installation date | |
| Number of claimed items | |
| Reason for complaint / description of defect | |

Contact person in Osmont, Ltd.

| | |
|---------------------|--|
| Name | |
| Phone number | |
| E-mail | |

*Without a document number (invoice, delivery note) the complaint report is not complete and will not be processed

**Return of the goods is possible only by prior arrangement

In Hybrálec _____

Stamp/signature _____