

## Complaint report

### Claiming person (Buyer)

Name  
and surname:

Address:

E-mail:

Phone:

### Order specification

Invoice  
number:Order  
number:Date  
of sale:

### Claimed Goods

Designation  
of claimed  
goods:  
(name, brand, model, etc.)Description  
of the defect:Preferred way to  
handle a complaint\*:

\* Repair / Replacement / Refund / Discount

Date and  
Signature of Buyer:**Address for sending  
(Seller):**Jan Pelc  
Koldům 1580  
436 01 Litvínov  
Czech Republic