

1. Sales Location/Store: \_\_\_\_\_

2. Address of Sales Location/Store: \_\_\_\_\_

CLAIM - COMPLAINT NO. \_\_\_\_\_

- to be filled out by the consumer (buyer)

Consumer (Buyer) Name and Surname:

\_\_\_\_\_

Consumer (Buyer) Address:

\_\_\_\_\_

Personal ID Number and ID Card Number:

\_\_\_\_\_

Consumer (Buyer) Email Address and Contact Phone Number:

\_\_\_\_\_

Product Code and Description:

\_\_\_\_\_

Date of Purchase:

\_\_\_\_\_

Description of Product Defect or Service Issue as Described by the Consumer (Complaint Description):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Retail Price of Product/Service Price:

Usage Period:

Receipt Number - Fiscal Receipt Number:

4. Desired Resolution Method (circle the appropriate number)

1. \_\_\_\_\_ repair of the product
2. \_\_\_\_\_ replacement of the product
3. \_\_\_\_\_ price reduction of the product
4. \_\_\_\_\_ contract termination and refund

Date: \_\_\_\_\_

Consumer (Buyer) Signature: \_\_\_\_\_

RESPONSE OF THE AUTHORIZED SELLER REPRESENTATIVE - to be filled out by the authorized seller representative:

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Sales Location/Store: \_\_\_\_\_

2. Address of Sales Location/Store: \_\_\_\_\_

CLAIM - COMPLAINT NO. \_\_\_\_\_ - to be filled out by the consumer (buyer)

Consumer (Buyer) Name and Surname:

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Consumer (Buyer) Address:

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Personal ID Number and ID Card Number:

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Consumer (Buyer) Email Address and Contact Phone Number:

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Product Code and Description:

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Date of Purchase:

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Description of Product Defect or Service Issue as Described by the Consumer (Complaint Description):

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Retail Price of Product/Service Price:

Usage Period:

Receipt Number - Fiscal Receipt Number:

4. Desired Resolution Method (circle the appropriate number)

1. \_\_\_\_ repair of the product
2. \_\_\_\_ replacement of the product
3. \_\_\_\_ price reduction of the product
4. \_\_\_\_ contract termination and refund

Date: \_\_\_\_\_

Consumer (Buyer) Signature: \_\_\_\_\_

RESPONSE OF THE AUTHORIZED SELLER REPRESENTATIVE - to be filled out by the authorized seller representative:

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Suggested Resolution for the Claim-Complaint:

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Claim-Complaint Resolved / Not Resolved (observation and description):

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Date: \_\_\_\_\_

Signature of the Authorized Seller Representative: \_\_\_\_\_