

## COMPLAINT

1. Name and surname of the person making the complaint: .....

2. Postal address:  
.....  
.....

3. Phone number:\* .....

4. E-mail:\* .....

*\* optional data – enables R-GOL to contact client via e-mail or phone*

5. Date of purchase: .....

6. Price of the product: .....

7. Proof of purchase (invoice or receipt number): .....

8. Name of the product: .....

9. Date of finding defect in the product: .....

10. Description of the defect: .....

11. Clients' demands: (tick what you choose):  
repairing the product | withdrawal from the agreement | replacing the product with a new one | discount

12. Delivery address (if it differs from the address in #2): .....

13. Bank account number:\*\*  
.....

*\* Please provide a bank account number where we transfer the refund. Also provide a bank account number in case there is no possibility of repairing the product or exchanging it for a new one.*

.....  
**Date and signature of the client**

.....  
**Date and signature of the R-GOL worker**

**The way of considering the claim:** .....