

Complaint form

nr / /
no. year

Name of company / name, surname, mobile phone, e-mail	Date:	
	Supervisor:	

Complained products

	Name / item code	Production date/ Serial no. (SN)	Quantity	Date of purchase	Invoice no.
1.					
2.					
3.					
4.					

Reason for complaint

Defect found : before installation during installation a while after installationLight source controlled by switch time switch move sensor light sensor dimmer

Product work for hours/day

Application: indoor outdoor.....
sales signature.....
customer signature

Claim investigation:

Reason of inspection:

Corrective invoice

Replacement

Reject a claim

supervisor signature :