

Complaint No.:

Date of the complaint:

CUSTOMER

Company name:

Company address:

Person reporting:

PRODUCT

Product (code and name):

Serial No.:

Number of products subject to complaint:

Installation date:

Annexes Yes No Number of annexes:

COMPLAINT DESCRIPTION

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When the product defect was discovered? During delivery During installation During use
 After installing the product

Was the verification carried out at the customer site by our Business Partner? Yes No

Was the installation carried out in accordance with the installation instructions? Yes No Not applicable

Place and conditions where the product is (was) installed at the customer's site:

Were the installation conditions checked (vertical/horizontal alignment, dimensions of openings, etc.)? Yes No

Installed by: Own team Subcontractor Other

Number of installer's ID:

Transport to the installation site: Own KRISPOL Other

Has the product worked properly after installation? Yes No

Building type where the product(s) is (are) installed:

Residential building Recreation building Building for public use

Industrial premises, type:

Outbuilding, use:

Notes:

Customer expectations for resolving the complaint: Repair Replacement Discount