**CUSTOMER COMPLAINT FORM**

in connection with the occurrence of a defect based on art. 556 of the Civil Code, I submit a complaint according to the description below.

First name and last name:.........................................................................................................

Address:............................................................................................................................................................................................................................................................................................

Phone number: ................................................ e-mail: .............................................

Date of purchase.. ............................. ..........................

Order number..................................

Description of goods (name).......…............................................................................

Purchase price.......................................................................

Detailed description of defects:

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…................................................................................................................................................

Date of finding the defect / damage to the goods: ….......................................................................

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Due to the above, on the basis of the Act of April 23, 1964, the Civil Code, I request:

* replacement of the goods with a new one \* (Article 561 § 1),
* repair of the goods free of charge \* (Article 561 § 1),
* I withdraw from the contract and ask for the price of the goods to be returned to my bank account \* (Article 560 § 1)

\*) Please indicate one selected solution.

* Please return the amount due to the following bank account number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Account nr |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Bank Name ……………………………………………………………………………….

Bank Adress ……………………………………………………………City……………..

SWIFT/IBAN Nr.....................................................................................................................

Name and surname .........................................................................................................................

The Seller informs the Customer about the date and method of considering the complaint within 14 days from the date of receipt of this protocol. The protocol can be sent by post or

e-mail.

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place, date Client signature