

		COMPOUND COMPLAINT REPORT		Annex 11 KP1-SM/00.00	
COMPLAINT (points I to VIII are to be completed by the person submitting the complaint)					
I CITY:		DATE:			
II PERSON SUBMITTING THE COMPLAINT		CUSTOMER			
		Address:.....			
		Tel./fax:.....			
III THE COMPLAINT INVOLVES:					
Range:		quantity:		type of damage/defects:	
1. ....		.....		.....	
2. ....		.....		.....	
3. ....		.....		.....	
4. ....		.....		.....	
IV DAMAGE/FAULTS FOUND:					
at the customer's premises		☐ during pickup of goods			
		☐ during storage			
		☐ during the production process			
		☐ other (please specify)			
V CAUSES AND CIRCUMSTANCES OF THE DAMAGE/FAULTS (comments):				VI DATE OF PRODUCTION	
VII METHOD OF COMPLAINT PROCESSING (please mark with an 'X'):					
☐ exchange for goods without defects			☐ refund		
Shipping address:					
VIII SIGNATURE OF THE PERSON SUBMITTING THE COMPLAINT:					
IX THE COMPLAINT HAS BEEN APPROVED (point III):					
1.		3.			
2.		4.			
X THE COMPLAINT HAS NOT BEEN APPROVED (point III):				REASONS:	
1. ....		.....			
2. ....		.....			
3. ....		.....			
4. ....		.....			
DATE	SIGNATURE OF PERSON RECEIVING THE COMPLAINT		PERSON CONSIDERING THE COMPLAINT		
XI REMARKS (comments):					