TYRE COMPLAINT REPORT

COMPLAINT

(points I to X are to be completed by the person submitting the complaint)

I. CITY:		**DATE:**	
II. PERSON SUBMITTING THE COMPLAINT:	**WHOLESALE STORE, STORE, VULCANISATION SERVICE CENTRE** Name and address:…… …… …… Tel./fax……	**DIRECT USER** Name and address:…… …… …… Tel./fax.: ……	

III. THE COMPLAINT INVOLVES:

Range:	quantity:	type of damage/defects:
1. ……	……	……
2. ……	……	……
3. ……	……	……

IV. DEFECTS FOUND: (please mark with an 'X')

in the warehouse, store	during pickup of goods	☐
	during storage, sale	☐
at the customer's (user's) premises	during assembly	☐
	during use	☐

V. CAUSES AND CIRCUMSTANCES OF THE DEFECT/FAULT (comments):

VI. DATE OF TYRE PRODUCTION	**VII. TYRE OPERATION PRESSURE**	**VIII. TYRE MILEAGE [KM]**

IX. METHOD OF COMPLAINT PROCESSING: (please mark with an 'X')

exchange for goods without defects	☐
refund	☐

SHIPPING ADDRESS:

X. SIGNATURE OF THE PERSON SUBMITTING THE COMPLAINT:

XI. RESULT OF COMPLAINT CONSIDERATION:

DATE:	**SIGNATURE OF PERSON RECEIVING THE COMPLAINT:**	**PERSON CONSIDERING THE COMPLAINT:**

XII. COMMENTS: