KABAT	INNER TUBE COMPLAINT REPORT	Annex 7 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	WHOLESALE STORE, STORE, VULCANISATION SERVICE CENTRE	DIRECT USER	
	Address:……	Address: …….....	
	……	……	
	……	……	
	Tel./fax……..	Tel./fax.: ……	

III THE COMPLAINT INVOLVES:

	Range:	quantity:	type of damage/defects:
1.	……..	..……	……
2.	……..	..……..	……
3.	……..	…….	……
4.	……..	…….	……

IV DAMAGE/FAULTS FOUND:

in the wholesale store, warehouse, store	☐ during pickup of goods
	☐ during storage, sale
	☐ other (please specify) ……
at the customer's (user's) premises	☐ during assembly
	☐ during use
	☐ 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):*