**COMPLAINT**

**FORM**

....................,....................

……………………………………..

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/User information

QUOTH Dominika Jochymska

Wita Stwosza 2/1.

41-506 Chorzów

TAX Id No 627 233 24 52

Name of the product under the complaint

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

Product purchase date:………………………………………………………………………………………………………………………

Product delivery date:………………………………………………………………………….……………………………………………..

Defect discovery date:…………………………………………………………………………………………………………………………

The basis of filing a repair/return claim is the elaboration of a detailed description: (providing a detailed description is required)

Description:

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

I wish to file a free-of-charge complaint by: (indicating the complaint resolution method is required)

1. Having the product repaired;
2. Having the product exchanged;

## Obtaining a discount on the product;

1. Withdrawal from contract, if the defect has been SIGNIFICANT and having the corresponding amount transferred to my bank account, as follows: Bank………......................................................................................................................................

Account number …....................................................................................................................................

CITY..........................................DATE..........................................................................................................

………………………………………………………….

SIGNATURE

NOTE! The return of the amount paid for the service is executed by a transfer to an indicated bank account.