

Form no.:

.....

Date:

.....

Customer name:

.....

Customer phone:

.....

Customer address / Shipment address:

.....

Stamp or company details

No.	Product, lot number	Quantity (pcs)	Malfunction information		
			Malfunction type	Conditions in which fault occurs	Method of verification
1					
2					
3					
4					
5					

Customer signature:

.....

Complaint form receiver signature:

.....

Please attach copy of invoice or another sales receipt.

Please do not erase error codes and delete maps.

We kindly request for giving us as much information as it is possible, that is highly effective in helping to find and solve the fault.