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|  | Name of form: | Document number: F-GH/04 |
| **Complaint Form** | Edition: III |
| Date: 20.05.2021r. |
| Part I : To be completed by the Customer |
| Send Complaint form to the manufacturer's address Zakład Techniki Medycznej „Tech-Med” Sp. z o.o. 6A Ernsta Petersona St., 85-862 Bydgoszczor send it back to the fax number 052 360 58 80, or e-mail address reklamacje@techmed.com.pl |
| **Customer data:** |
| Name and surname/Company name/Name of medical institution: |
| Address: |
| Phone number: |
| E-mail: |
| Contact person data: |
| **Data of the product to which the complaint relates:** |
| Number of factory device (located on the device's label): | Invoice or order number (fill in if no factory number): |
| Name of Product / service: (the name is located on the device’s label): | Date of purchase: |
| Description of damage: |
| List of attached documents: |
| **Part II :** To be completed by **ZTM „TECH-MED” Sp. z o.o.** |
| Complaint number: | Order number: |
| Confirmation of a complaint receipt | Date: | Signature: |
| The way the complaint was received | Did the Customer use the Complaint form? |
| * by telephone conversation
* by fax
 | * by e-mail
* personally
* by post
 |
| * YES
 | * NO
 |
| Category of the problem: | * Quantity claim
* Other

………………………………….… |
| * Damage during transport
* Damage during use
* Quality claim
 |
| What complaint activities were carried out: |
| Confirmation of performed activities: | Date: | Signature: |
| Have corrective / preventive measures been taken? |
| * YES
 | If yes, write card number  | * NO
 |
| Attached documents:  |
| **COMMENTS:**  |
| **Confirmation of the complaint process closed**  | **Date:** | **Signature:** |