|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 Bydgoszcz  or 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:** | | | | |