

	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 <input type="checkbox"/> by telephone conversation <input type="checkbox"/> by fax <input type="checkbox"/> by e-mail <input type="checkbox"/> personally <input type="checkbox"/> by post	Did the Customer use the Complaint form? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Category of the problem: <input type="checkbox"/> Damage during transport <input type="checkbox"/> Damage during use <input type="checkbox"/> Quality claim	<input type="checkbox"/> Quantity claim <input type="checkbox"/> Other	
What complaint activities were carried out:		
Confirmation of performed activities:	Date:	Signature:
Have corrective / preventive measures been taken? <input type="checkbox"/> YES If yes, write card number <input type="checkbox"/> NO		
Attached documents:		
COMMENTS:		
Confirmation of the complaint process closed	Date:	Signature: