

# Complaint form

## Complaint submitted by:

Name of company, ID, VAT ID:

Name, Surname:

Address:

Phone:

E-mail:

## Supplier:

Sales Document number:

Date of sale: <sup>1</sup>

Number of order:

Number of invoice:

## Specification of claimed goods:

Manufacturing nr.:

Serial nr.:

## Description of the defect:

## Contents of the package upon delivery:

**Warning:** Please, always serve complete goods with all accessories for complaint to avoid the extension of the complaint.

.....  
**Date and signature of the claimant (stamp)**

**Goods:** By complaint, please, always pass on complete goods with accessories to avoid the extension of the complaint. Please send goods to the address of Flame Group SE, U Vodárny 3032 / 2a, 616 00 Brno. After proper settlement of the complaint, You will be prompted for the takeover of the repaired goods.

<sup>1</sup> \_\_\_\_\_  
on invoice – date of taxable supply