**COMPLAINT REPORT FORM**

## COMPLAINANT:

|  |  |
| --- | --- |
| Company name: |  |
| Address: |  |
| Contact person: |  |
| Telephone number for complaints: |  |
| E-mail address for complaints: |  |
| Bank account number and bank name (for refund purposes): |  |

## OBJECT OF COMPLAINT:

|  |  |
| --- | --- |
| Designation of goods (model number/s and serial number/s – if visible): |  |
| Number of pieces claimed: |  |
| Invoice number and date of purchase\*: |  |
| Description of a defect, damage or inconsistency: | |
|  | |
| Date and circumstances of discovering the defect: | |
|  | |
| Date: |  |
| Signature of the complainant:  *(please enclose the printed and signed form to the parcel that contains the goods claimed)* |  |

## Information note:

Unless agreed otherwise in writing, the complaint is handled under the terms and within the time limits specified in the General Commercial Terms and Conditions available at <http://www.edscontrollers.com//terms-and-conditions>

The complaints are handled by the service department: [service@edscontrollers.com](mailto:service@edscontrollers.com), contact phone number +48 500 316 016.

Before sending the goods claimed, please contact the service department.

Address for sending the goods, unless otherwise agreed:

**eDev Studio Sp. z o.o.**

**ul. Trylińskiego 16 p. 16, 10-683 Olsztyn**

**POLAND**

\* If the goods were purchased from entity other than eDev Studio Sp. z o.o. (distributor, wholesaler, store), please enclose the proof of purchase.

Before the goods are delivered to the service, please secure (rip, copy) the data from the device. The data may be lost in the course of the repair. eDay Studio Sp. z o.o. shall not be liable for any loss of data stored on the device.

If the claimed goods are replaced with new ones, they shall become the property of eDev Studio Sp. z o.o. and shall not be returned to the Complainant.

## COURSE AND MANNER OF HANDLING THE COMPLAINT NOTICE:

(to be completed by eDev Studio Sp. z o.o.)

|  |  |
| --- | --- |
| Reference number: |  |
| Report date: |  |
| Person handling the case: |  |
| Description of the claimed goods at the date of receipt: | |
|  | |
| Manner of handling the case: | |
|  | |
| Case completion date: |  |
| Signature: |  |