

Complaint Protocol

Order number:

Date*		Invoice date*	
Email*		Phone number*	
Name and Surname*			
Street and number*			
City*		Zip Code*	
State/Country*			
Product name*			
Description of the defect*			
Package included*			
Note*			

** fill marked*

.....
Signature of claimant

Service statement

Complaint number:

Date	
Technician name	
Official statement of authorized service	

Send filled complaint protocol to us, also with the claimed goods and a copy of the invoice to the following address: Media Leaders s.r.o., SNP 16, 974 01 Banska Bystrica, Slovakia.

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Signature and company stamp