

# ACTIVESQUARE

## COMPLAINT FORM

Date of complaint\*: \_\_\_\_/\_\_\_\_/\_\_\_\_r.

Defect detection date\*: \_\_\_\_/\_\_\_\_/\_\_\_\_r.

### CUSTOMER DATA

First and last name/Company\*.....

Current address\*: .....

Phone number\*: .....

E-mail\*: .....

### DETAILS ABOUT THE PRODUCT UNDER COMPLAINT

Product name:\* .....

Title and number of the accompanying purchase document\* .....

Description of the defect / damage and the reason of the complaint \*:

.....  
.....  
.....  
.....

### UNDER WHAT CIRCUMSTANCES WAS THE DEFECT FOUND\*

☐ during use ☐ other

.....

### EXPECTED FORM OF HANDLING THE COMPLAINT\*

☐ exchange for a new product ☐ cash refund ☐ discounting ☐ repair

.....  
Customer signature\*

Please attach evidence of purchase (receipt or VAT invoice). Please send the product along with the completed complaint form to the following address: **"Activesquare Sp. z o. o.", Żyraków 186, 39-204 Żyraków** marked 'complaint'. For security reasons, please send packages with confirmation of receipt or using a parcel service. Complaint will be processed within a maximum of 14 days after receiving the product by Activesquare Sp. z o. o. If you have any questions about complaint, please contact our office on the following telephone number +48 794 701 958.

\*Please fill in all required fields.