Complaint Protocol

Buyer:

Name / Business name: _____

Address: _____

Company ID: _____ Phone: _____

E-mail: _____

Seller:

Business name:	Profikozmetika, s.r.o.
Address:	Mengusovce 94
Country:	Slovakia
Postal code:	059 36
Company ID:	46053034
Phone:	+421 908 988 136
E-mail:	info@profikozmetika.sk

I hereby file a complaint about the goods listed below with the described defect

Name of goods: _____

Purchased on: _____ Document number: _____

Description of defect:

Date: _____ Buyer's signature: _____

Seller's Statement

The above-mentioned goods have been accepted for complaint processing. Based on our assessment of the condition and in our opinion the complaint WAS* WAS NOT* justified.

Proposed resolution: _____

Responsible person: _____

Date: _____ Seller's signature: _____