



COMPLAINT FORM

No of complaint (PGT fills in)

.....

Please fill out the questionnaire and send it to us, so we can help you resolving your complaint as soon as possible:

- e-mail: izabela@polishtextilegroup.com

Name of company/customer	
Address	

Contact person	
TELEPHONE	
E-MAIL	

Name of article	
1. Label (for all claimed goods)	
2. Photos (several) - single photos of various defects (various shots)	
3. Invoice number and date of defect detection	
4. Description of the claimed defect, exact quantity + scale	
5. At what stage is the use of the advertised goods?	
6. Under what conditions was a defect detected (during receipt of goods, during cutting, during sewing, during use, during washing, etc.)?	
7. Expected way of solving the complaint suggested by the customer	<input type="radio"/> Return <input type="radio"/> Additional discount <input type="radio"/> Replacement

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8. Have the recommended washing and use conditions been maintained?	
9. Was the defect visible at the delivery of the goods	
10. In what conditions was the packaging of the goods ?	
11. Was the claim protocol with courier been drawn up?	

Date, City

Signature of customer