**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