

# CUSTOMER COMPLAINT FORM

## Customer details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/ e-mail: \_\_\_\_\_

Bank account (IBAN, SWIFT): \_\_\_\_\_

## Complaint information

Complaint date: \_\_\_\_\_

Purchase/ order date: \_\_\_\_\_

Complaint item/ product description: \_\_\_\_\_

Product price: \_\_\_\_\_

Complaint details: \_\_\_\_\_

\_\_\_\_\_

Would you prefer to exchange item, or refund money? \_\_\_\_\_

(You have the right to return the goods without giving any reason within 14 days of purchase.)

Note/ other details: \_\_\_\_\_

\_\_\_\_\_  
customer signature

Supplier address for returns:

Luigi, spol. s r.o.

Stefanikova street no. 5,

ZIP: 91701

city: Trnava

country: Slovakia - SVK

ph.: +421 33 5511229

email: [luigi.ltd@discline.com](mailto:luigi.ltd@discline.com)