

## Complaint Registration Document

Service Department AQUAFORM INC. Tel. +48 12 270 21 22 email: office@aquaformlighting.com
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Date
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CUSTOMER		
ADDRESS:		
CUSTOMER CONTACT	Name:	
	Tel and e-mail:	
COMPLAINT OUTLINE		Invoice no:

.	Product Family Name	Catalogue Number	Quantity	Detailed description of fault
1				
2				
3				

I confirm that I have read and understood the terms and conditions of the AQUAFORM INC. warranty.

.....  
Customer's signature

To be completed by Aquaform

Comments regarding the complaint:		
Estimated costs of rectification:		
Estimated date of completion	Person responsible for managing the rectification	Date and confirmation of completion

Document ref.no:	
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