



# COMPLAINT/ REPAIR FORM



## 1 CUSTOMER

Name

Phone

E-mail

Address

## 2 COMPLAINT

Invoice number

Product

Date of complaint

Date of purchase

Purchase price

Complaint description

## 3 PREFERRED SOLUTION OF THE COMPLAINT

*Filled by customer.*

Repair

Change for a new product

Discount from a purchase price

Refund (Bank account number)

Paid repair

☐  
☐  
☐  
☐  
☐

## 4 SIGNATURE

Customer

## 5 SETTLEMENT OF THE COMPLAINT

Signature

**PATIZON 2.0 s.r.o.**

Zborovská 1910/4,  
702 00 Ostrava  
Czech Republic

IČO: 07324774  
DIČ: CZ07324774

E-mail:  
ahoj@patizon.com  
Phone: 720 034 378