## **Complaint Form**



DATE OF SUBMITTING T	THE COMPLAINT:	DATE OF DETECTION OF THE DEFECT:
CURRENT CUSTO	OMER CONTACT DETAILS	s
NAME AND SURNAME /	COMPANY:	
STREET / HOUSE NUMB	ER:	
POST CODE, CITY:		
EMAIL:		PHONE NUMBER:
BANK ACCOUNT NUMB	ER:	
DATA OF THE PRO	ODUCT	
ORDER NUMBER:		
NAME OF THE COMPLA	INT PRODUCT:	
MANUFACTURER CODE	OR PRODUCT EAN:	
DESCRIPTION OF	FTHE DEFECT	
FACTORY DEFECTS	MATERIAL ABRASI	SION CRACKED SOLE CROPPING OF THE MATERIAL / FRACTURE OF THE MATERIAL
HOLES	COLOR PROBLEM / COLOR PEAK	M DAMAGED KEEPER WRONG MODEL
NO BUTTON / DAMAGED RIVET / DRIVE	OVERPRINT	WRAPPING WRONG SIZE / COLOR / FABRIC
SEAM PROBLEM	SPLITTED SOLE	BROKEN SLIDER  THE REMAINING (COMPLETE DEFECT DESCRIPTION)
UNDER WHAT CIRC	CUMSTANCES WAS A DEFEC	CT FOUND?
EXPECTED FORM O	F DEALING WITH COMPLAI	JINTS:
	MONEY BACK (WITHDRAWAL	PRICE REDUCTION

We process your data contained in the complaint form in order to implement the complaint process. The basis for processing is the implementation of the legal obligation of the provisions on the warranty for defects in the goods sold. See our Policy Privacy on https://releases.prm.com/a/privacy-policy, in which you will find information on the principles of processing your personal data by Answear.com SA. based in Krakow as the Administrator and about the tools for exercising your rights. Customer signature

Customer signature

## DC ANSWEAR PRM COMPLAINTS Kokotów 812 C 32-002 Kokotów Poland

Address label to be affixed to the parcel containing the product under complaint.

The label is only an aid to the correct addressing of the parcel, it does not dictate the method of shipment of the product under complaint.