COMPLAINT FORM

I Type of repair (tick as appropriate)

1. Under warranty
2. Post-warranty
3. Scheduled maintenance
4. Contact Information

Name of the person making the complaint:

……………………………………………………………………………………………………………………… Company name:

……………………………………………………………………………………………………………………… Contact phone, email address:

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1. Device information

Name of device, serial number:

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Device type:

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Fault description:

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Date and signature

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