

COMPLAINT FORM

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Place, date

Name and surname Phone number :
Address:.....

Order number Date of purchase

Date when the defect was noticed

Product complaint Name and ID from label or website

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Request Customer (please select):

- requests for the removal of the defect, or
- requests that the product will be replaced with one free from defects, or
- requests a price reduction (unless the seller immediately and without excessive inconvenience for the Customer, replace the defective item with non-defective one or remove the defect), or
- withdraw from the contract (unless the seller immediately and without excessive inconvenience for the Customer, replace the defective item with non-defective one or remove the defect)

DATA FOR THE REFUND

Refund amount

Bank transfer details: account number

account titleholder:

address:.....

1. Please be advised that the complaint will be considered within 14 days from the date of its delivery.
2. This form is of an auxiliary nature, the Customer may file a complaint in a different form by sending it to the following address:

IzabelaLapinska Showroom, Mokotowska 40/5 str. , 00-543 Warsaw with a note: COMPLAINT
or to the email address: shop@izabelalapinska.com

3. The Customer will be informed by phone or email or in writing for about the result of considering the complaint
4. The Customer personal data are protected. Read the details of personal data protection in the Regulations and Privacy Policy available on our website at www.izabelalapinska.com

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Date and customer signature