**COMPLAINT FORM**

**Order number:**  ………………………………………………………………
**Name and Surname of a Customer:** ………………………………………………………………
**Phone and email:**  ………………………………………………………………

**Complaint information:**

Code Quantity Product Description
……… ………........ ………………………………………………………………………………………………………………………..
……… ………........ ………………………………………………………………………………………………………………………..
……… ………........ ………………………………………………………………………………………………………………………..

**What happened to you? Tell us more by checking the appropriate box):**

☐ I got a damaged product – please, describe the damage:
 ………………………………………………………………………………………………………………………………………………………
☐ Incomplete order – what is missing?

 ………………………………………………………………………………………………………………………………………………………
☐ Wrong piece delivered
☐ Other – please specify bellow:
 ………………………………………………………………………………………………………………………………………………………

**How should we solve your complaint?**

**☐ By sending a new product/a right product/a missing piece**

☐ To the same address

☐ To a new addres (please write your name, surname, street, city, postcode, state)
………………………………………………………………………………………………………………………………….……………………………………………………………………………………………………………………………………………….……………

**☐ By sending money to my card or ☐ to my bank account**

IBAN: …………………………………………………………
BIC/SWIFT: …………………………………………………………

**Send the claimed goods to us (please, undamaged, unused, thank you).
Do not send it on cash delivery, thank you for understanding.**
EASY BEAUTY s.r.o
Hálkova 1287/37
779 00 Olomouc
Czechia

Date: ………………………………… Signature: ……………………………………………