

**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: ……………………………………………