

COMPLAINT FORM



Date of receipt of the complaint: _____ Filled by seller
Recorded under no. _____ Filled by seller

Name and code of item that is the subject of complaint: _____

Date of purchase: _____ Fiscal account no.: _____ Retail price: _____

A brief description of the complaint: _____

Deficiencies found: _____

CUSTOMER INFORMATION

Customer name, telephone, address, e-mail: _____

Consumer request: _____

I AGREE WITH THE COMPLETED FORM: _____

buyer's signature

Signature of the person authorized to receive the goods: _____

NOTE: _____

NOTE: The product shipped for reclamation must be properly packed and clean, with a duly completed Complaint form and a packed invoice or other proof of purchase. Otherwise, the conditions are not fulfilled and the complaint will not be considered. After submitting a complaint via email to office@wellmedic.rs, it is necessary for the buyer to receive the instructions about the next steps from the seller. The instructions can include either sending the goods with the original invoice and a printed, completed and signed complaint form in the original to the seller (Wellmedic doo Belgrade, Nemanjina 40/IV St., Belgrade 11000, Serbia), all at the seller's expense only if sent with the seller approved courier service or some other steps towards the resolution of customer's complaint request. The buyer confirmed with his/her signature on the Complaint form that he/she voluntarily gave his/her consent regarding the whole complaint procedure, and that he/she fully agreed to enter his/her personal data, in accordance with the Serbian Law on Personal Data Protection.

COMPLAINT MINUTES

(COMPLETES THE SELLER'S AUTHORIZED PERSON)

Complaint fully accepted:

Complaint partially accepted:

Complaint not accepted:

Complain resolution:

Product replaced:

Refunds:

Goods taken for repair:

Justification for non-acceptance or partial acceptance of the complaint: _____

Signature of the person responsible for resolving the complaint: _____

Place and date of resolution of complaint: _____