Complaint Form (Goods Claim)

Recipient:
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E-mail: info@karolprams.com

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1. Customer details

- **Full name: _____**
- **Address: _____**
- **E-mail: _____**
- **Phone number: _____**

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2. Order details

- **Order number: _____**
- **Order date: _____**
- **Date of receipt of goods: _____**

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3. Goods subject to complaint

Product name	Quantity	Date defect discovered	Description of defect	Photo evidence (yes/no)

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4. Requested solution

- Repair of goods ☐
- Replacement of goods ☐
- Refund ☐

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5. Customer declaration

I hereby declare that the information provided is true and I request that the complaint be processed in accordance with the Terms and Conditions.

- **Date: _____**
- **Customer signature: _____**