**Complaint form**  Date

Complaining company name:

Contact person (name, phone nr, email):

Complained article:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name | Index | Complained Quantity | Purchased Quantity | Invoice nr: | Buying date: |
| 1. |  |  |  |  |  |  |
| Failure was found: | | | | | | |
| Before installation  Right after installation  After longer working time (about       weeks) | | | | | | |
| Transport damage protocol and photographic documentation was made? :  YES  NO | | | | | | |
| Room / Application: | | | | | | |
| Indoor  Outdoor | | | | | | |
| Operating       hours/day | | | | | | |
| Operated/controlled by:  on/off switch  motion sensor  clock timer  light sensor dimmer | | | | | | |
| Motion sensor settings: working cycle | | | | | | |
| Light source was checked?:  yes  no | | | | | | |
| Additional information’s: | | | | | | |

Remarks:

If complained articles will be send back to LENA LIGHTING please write at the box

**"REKLAMACJA / COMPLAINT"**