



## RECLAMATION REPORT

Reclamation report Nr.:20\_\_/0000\_\_

Inspected by: \_\_\_\_\_

The name, address and phone number of the Customer:

\_\_\_\_\_

\_\_\_\_\_

Return number: \_\_\_\_\_

Product: \_\_\_\_\_

Product serial number: \_\_\_\_\_

Failure description:

\_\_\_\_\_

\_\_\_\_\_

Items sent for repair:

\_\_\_\_\_

\_\_\_\_\_

Date: « \_\_\_\_ » \_\_\_\_\_ .

\_\_\_\_\_  
*Name and signature of Customer*

**COMPLETED BY THE CUSTOMER**

Date received: « \_\_\_\_ » \_\_\_\_\_ .

Failure description:

\_\_\_\_\_

\_\_\_\_\_

Failure classification code:

\_\_\_\_\_

Date of diagnostic: « \_\_\_\_ » \_\_\_\_\_ .

\_\_\_\_\_  
*Name and signature*

Type: warranty / non-warranty

Used components: \_\_\_\_\_

Device test: \_\_\_\_\_

Repair date: « \_\_\_\_ » \_\_\_\_\_ .

\_\_\_\_\_  
*Name and signature*

Delivery date: « \_\_\_\_ » \_\_\_\_\_ .

\_\_\_\_\_  
*Name and signature*

**COMPLETED BY SERVICE CENTER**