



This form has to be printed out for **each complaint** and attached to the goods. If this is not done, your complaint **will not be** processed.

*: Obligatory fields

Date: _____

Customer number: _____

Customer number: _____

Customer name and address*:

Dealer name / Technician address*:

(Only for electrical parts)

Machine number*: _____

- Software version: _____

Machine operating hours: _____

- Parameter set: _____

Reason for return (Please mark it*)

Order / Delivery note / Invoice number

- Exchange price received
- Warranty / Goodwill replacement
- New goods not required / to select
- Back to the review with assessment feedback
- Other reason for the return

Error description / Malfunction / Cause, if known:

The following parts will be returned:

Article number	Part description	Quantity	Serial number