Complaint Form



DATE OF SUBMITTING THE COMPLAINT:				DATE OF DETECTION (OF THE DEFECT:		
CURRENT CUSTOM	ER CONT	ACT DETAI	LS				
NAME AND SURNAME / CO	MPANY:						
STREET / HOUSE NUMBER:							
POST CODE, CITY:							
EMAIL:				PHONE NUMBER:			
BANK ACCOUNT NUMBER:							
DATA OF THE PROI	DUCT						
ORDER NUMBER:							
NAME OF THE COMPLAINT	PRODUCT:						
MANUFACTURER CODE OF	R PRODUCT E	AN:					
DESCRIPTION OF T	HE DEFE	СТ					
FACTORY DEFECTS		MATERIAL ABRA	ASION	CRACKED SOLE		CROPPING OF THE MATERIAL / FRACTURE OF THE MATERIA	
HOLES		COLOR PROBLE / COLOR PEAK	EM	DAMAGED KEEPER		WRONG MODEL	
NO BUTTON / DAMAGED RIVET / DRIVE		OVERPRINT		WRAPPING		WRONG SIZE / COLOR / FABRIC	
SEAM PROBLEM		SPLITTED SOLE		BROKEN SLIDER		THE REMAINING (COMPLETE DEFECT DESCRIPTION)	
UNDER WHAT CIRCU	MSTANCES	S WAS A DEF	ECT FOUND?				
DURING USE		OTHERS					
EXPECTED FORM OF I	DEALING V	VITH COMPL	AINTS:				
				Y BACK (WITHDRAWAL	PRICE		

We process your data contained in the complaint form in order to implement the complaint process. The basis for processing is the implementation of the legal obligation of the provisions on the warranty for defects in the goods sold. See our Policy Privacy on www.prm.com/ve/a/privacy-policy, in which you will find information on the principles of processing your personal data by Answear.com SA. based in Krakow as the Administrator and about the tools for exercising your rights.

Customer signature

DC ANSWEAR PRM COMPLAINTS Kokotów 812 C 32-002 Kokotów Poland

Address label to be affixed to the parcel containing the product under complaint.

The label is only an aid to the correct addressing of the parcel, it does not dictate the method of shipment of the product under complaint.