Complaint Form



DATE OF SUBMITTING THE COMPLAINT:				DATE OF DETECTION C	F THE DEFECT	1:
CURRENT CUSTON	MER CON	TACT DETAILS				
NAME AND SURNAME / C	OMPANY:					
STREET / HOUSE NUMBER	R:					
POST CODE, CITY:						
EMAIL:		PHONE NUMBER:				
DATA OF THE PRO	DUCT					
ORDER NUMBER:						
NAME OF THE COMPLAIN	T PRODUCT:					
MANUFACTURER CODE C	R PRODUCT	EAN:				
DESCRIPTION OF	THE DEFI	ECT				
FACTORY DEFECTS		MATERIAL ABRASION		CRACKED SOLE		CROPPING OF THE MATERIAL / FRACTURE OF THE MATERIAL
HOLES		COLOR PROBLEM / COLOR PEAK		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	MSTANCE	S WAS A DEFECT FO	UND?			
DURING USE		OTHERS				
EXPECTED FORM OF	DEALING '	WITH COMPLAINTS:				
REPLACEMENT FOR A NEW		REPAIR		ACK (WITHDRAWAL E CONTRACT)		CE REDUCTION THE PRICE
Please send the product (s) together DC Answear – PRM Returns / Comple COMPLAINTS". For security, please s will be considered within 14 days of n	aints 12480 NW 25 send parcels with o eceipt of the good	oth, Suite 115Miami, FL 33182 with the confirmation pickup or using the serv Is by Answear.com. If you have any qu	note "DC ANSWE ices of a courier co	AR – PRM ompany. The complaint		
contact our Customer Service Office			, ,		·	

Salesupply Inc. c/o "DC Answear – PRM Returns / Complaints"

12480 NW 25th Street Suite 115 Miami FL 33182 USA

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.