

Complaint form

First and last name _____

Street _____

City _____ Zip code _____

Country _____

E-mail adress _____

Phone number _____

The above address will be the address for returning the repaired product or missing items

Order number _____ Date of receipt _____

Product name and symbol _____

Description of the fault or product defect and date of discovery:

When the defect was found: _____

Please select your preferred method of resolving your complaint:

- ☐ Sending the missing/damaged item
- ☐ Product repair
- ☐ Replacement with a defect-free one
- ☐ Refund

Address for shipping the product if necessary:

Italux - Online Shop
Product Complaint
Rebusowa 3
02-292 Warsaw
Poland

Signature _____