**Complaint form**  Date

Complaining company name:

Contact person (name, phone nr, email):

Complained article:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name | Index | Complained Quantity | Purchased Quantity | Invoice nr: | Buying date: |
| 1. |       |       |       |       |       |       |
| Failure was found:  |
| [ ]  Before installation [ ]  Right after installation [ ]  After longer working time (about       weeks) |
| Transport damage protocol and photographic documentation was made? : [ ]  YES [ ]  NO |
| Room / Application: |
| [ ] Indoor [ ]  Outdoor  |
| Operating       hours/day |
| Operated/controlled by: [ ]  on/off switch [ ]  motion sensor [ ]  clock timer [ ]  light sensor [ ] dimmer  |
| Motion sensor settings: working cycle       |
| Light source was checked?: [ ]  yes [ ]  no  |
| Additional information’s:       |

Remarks:

If complained articles will be send back to LENA LIGHTING please write at the box

**"REKLAMACJA / COMPLAINT"**