

## Date / Registration No. \_\_\_\_\_ / \_\_\_\_\_

**Customer data:**

Invoice no. / date : ..... / ..... Customer No.: .....

- ☐ billing error
- ☐ item missing from the parcel
- ☐ received another product than the one ordered
- ☐ product not conforming to specifications
- ☐ damaged product(s) received

The following section will be filled in by an Ellemental operator

SOLUTION	

Complaint Form V 2.0