

## **Complaint protocol JETT PLASMA LIFT MEDICAL**

Filled in by the claimant

**Manufacturer**

**COMPEX, spol. s r.o.**

**Address:** Palackého třída 924/105, 612 00 Brno  
Czech Republic  
**E-mail:** info@jett.eu

**Claimant  
(name, phone, email)**

Invoice address

Delivery address, if  
it is different than  
invoice address

**No. and date of invoice  
issuance**

**Date of detection**

**Serial number**

**Detailed description of  
the defect**

**Package contents upon  
delivery**

**Date of the claim**

**Claimant's signature  
and stamp**

\*Claimed good always deliver with the AC adapter, the connection cable to the AC adapter and curly connection cables to prevent any extension of the complaint.

## ***Manufacturer's statement***

Filled in by the manufacturer

**Date of complaint receiving**

**Complaint is handled by**

**Manufacturer's statement**

**As stated above, the complaint is**

accepted

not accepted

**End date of complaint**

**Manufacturer's signature and stamp**