

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	<input type="checkbox"/> accepted	<input type="checkbox"/> not accepted
End date of complaint		
Manufacturer's signature and stamp		

