



## COMPLAINT

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CUSTOMER'S NAME, SURNAME AND ADDRESS

**timelessskincare.eu**

Mineralna 15, Warszawa

02-274, Poland

support@timelessskincare.eu

### I MAKE COMPLAIN CONCERNING THE FOLLOWING PRODUCTS:

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PRODUCT NAME, DATE OF PURCHASE, PRODUCT DEFECT:

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PRODUCT NAME, DATE OF PURCHASE, PRODUCT DEFECT:

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PRODUCT NAME, DATE OF PURCHASE, PRODUCT DEFECT:

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ORDER NUMBER & DATE OF ORDER PLACEMENT:

Preferred form of processing the complaint - repair / replacement / refund

(SELECT APPROPRIATE)

Bank account number: .....

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DATE AND SIGNATURE