

## uvex SAFETY Product Complaint Form

**UVEX ARBEITSSCHUTZ GMBH** warrants that the purchased products are free from manufacturing defects at the time of delivery to your company. Any manufacturing defect reported within 7 days from delivery or within 7 days from discovery - in cases where the defect is not obvious - will be either repaired or a substitute product will be provided. The decision whether a repair or a substitute delivery is carried out is to the sole discretion of **UVEX ARBEITSSCHUTZ GMBH**. Defects not reported in due time will lead to a loss of claims regarding warranty. In general, claims for warranty must be raised within 12 months from the date of delivery to your company. This warranty does not cover any damage/defect caused due to misuse, neglect and unfair wear and tear. Further claims with respect to warranty, especially those for damages or compensation, are expressly excluded.

## **Customer details**

| Title (Mr, Mrs, etc) | Surname            | Name          | es                      |          |
|----------------------|--------------------|---------------|-------------------------|----------|
|                      |                    |               |                         |          |
| Street address       |                    | Subur         | b                       | Postcode |
|                      |                    |               |                         |          |
| Home telephone nu    | mber Business tele | ephone number | Mobile telephone number |          |
|                      |                    |               |                         |          |
| Email address        |                    |               |                         |          |
|                      |                    |               |                         |          |
|                      |                    |               |                         |          |

## Details of Supplier

| Street address                | Suburb                    |                         | Postcode |
|-------------------------------|---------------------------|-------------------------|----------|
| Home telephone number         | Business telephone number | Mobile telephone number | ] [      |
| Email address (if applicable) |                           |                         |          |

## Details of product/s supplied to the customer

| Date of purchase                           | Prod                                       | uct Code    | Proof of pa                   |                 | vailable<br>(mark with "X") |               | hed a copy of<br>ment if available |
|--|--|-------------|-------------------------------|-----------------|-----------------------------|---------------|------------------------------------|
| Is the damaged p<br>Can the damaged        | product available?<br>I product be returne | YES No      |                               | )<br>(mark with | ו "X")                      |               |                                    |
| Details of the                             | e complaint                                | Are photo/s | (mark with "X")<br>available? | YES N           | O Please                    | attached phot | o/s if available                   |
|  |  |             |                               |                 |                             |               |                                    |
|  |  |             |                               |                 |                             |               |                                    |
|  |  |             |                               |                 |                             |               |                                    |
|  |  |             |                               | Date            | e received                  |               |                                    |
| <b>ice use only</b><br>mplaint received by |  |             |                               |                 | /                           | / P           | roduct received                    |
| Action taken or                            | required                                   |             |                               |                 | ,                           | ,             | In writing                         |
| Date action con                            | npleted<br>/                               |             | Sigi                          | nature          |                             |               |                                    |