

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