GOLAŠ

Consumer Complaint Form

Store name

Consumer's full name

Town or city and residential address

Email address

Product name

Product code (from the fiscal receipt)

Description of the complaint

Consumer's requested remedy

Please select the remedy you are requesting.

- [ ] Repair
- [ ] Price reduction
- [ ] Replacement
- [ ] Contract termination and refund

Product price

Buyer's signature

Date of purchase

Date of complaint