

Complaint Support Form



Please fill in this form and add it to your return. For a better understanding you might send us this form together with pictures and videos in advance to the our service eMail by stating the complaint number.
Please return the tool together with the accessories.

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Plarad Complaint-Number:

Consultation with PLARAD employee:

SENDER / CLIENT

Customer-Nr.:
Company:
Address:
Postal Code / City:
Contact Person:
Telephone:
eMail:

Details of your return

Article Number:
Amount:
Article description:
Serial Number:
Nr. order / delivery:
Date of purchase:
Last maintenance / inspection:

Reason of complaint

- | | | |
|--|---|---|
| <input type="checkbox"/> order incomplete | <input type="checkbox"/> unusual sounds | <input type="checkbox"/> optical defect |
| <input type="checkbox"/> wrong delivery | <input type="checkbox"/> function impaired (electrical) | <input type="checkbox"/> fire damage |
| <input type="checkbox"/> transport damage
(please add bill of delivery / forwarder) | <input type="checkbox"/> function impaired (mechanical) | <input type="checkbox"/> fall damage |
| | <input type="checkbox"/> repetition error | <input type="checkbox"/> other ... |

Facts/ description of the damage

Date, when the damage was discovered:

Please describe the damage or the circumstances. You are also welcome to send us separate pictures of the damage and the screwing case (e.g. application, torque, external influences, support) under the above-mentioned complaint number.

What measures have been taken so far?

Preferred action

- replacement delivery repair credit note reimbursement

Date:

Signature of customer: