

COMPLAINT FORM



FOR:
Tech Services, s.r.o.,
Žriedlová 28, 040 01 Košice, Slovakia
E-mail: info@safebreathe.help

Was something different than you expected? If so, we'll need some information first. Please tell us:

Your order (invoice) number:*

Order date:*

The date of acceptance:*

Name and surname of the purchaser:*

Contact information:*

Which product does the complaint concern? (name of the product):*

What is the reason for your complaint?*

How do you prefer to resolve the problem?*

Replacing the product with a different one - state name or code of that product:

Voucher:

Thank you for your information!

We'll handle your complaint and get back to you as soon as possible.

* mandatory information