AMC VIBRO

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COMPLAINT FORM

ID	1	**Invoice No./Order No.:**	2	**Complaint date:**	3

Claimant: (Company and name, surname, phone number, e-mail address of contact person) 4

Place where damage occured: (Company and system data) 5

Type of service: 6

☐ warranty	☐ paid service	☐ service agreement

Model / device name:	7	**Serial number:**	8

Type of fault : 9

☐ power	☐ radio communication	☐ mechanical damage	☐ software
☐ inputs/outputs	☐ other communication	☐ electrical damage	☐ other

Fault description: (information about the circumstances of the fault, symptoms and other diagnostic information) 10

☐ launch / assembly	☐ machine during work	☐ tests

Date and signature of the reporting person	Date and signature of the person accepting the application

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