

Complaint form

Please fill out the form electronically and enclose it with the return to:
INVENTRONICS GmbH, DS CQM, Berliner Allee 65, 86153 Augsburg, Germany

inventronics

Sent in by:

RMA no.:

Date:

Customer data

Company name:

Company address:

Contact partner:

E-Mail:

Phone:

Information on claimed product

Product type / identcode:

Project name / reference no.:

Purchase date:

Installation date:

Failure date:

Installed quantity:

Claimed quantity:

Returned quantity:

Operating hours per day:

Operating hours total:

Controlling device / system:

LED-load (electrical data Vf/If):

Detailed description of the fault / pictures of luminaire/installation