Complaint no.: .....
TO BE COMPLETED BY HEDONISTA

HÉDONISTA

COMPLAINT FORM – DISTRIBUTION

TO BE COMPLETED BY DISTRIBUTOR

Name: .....

Phone: .....

E-mail: .....

Company's name & stamp

Return adress: .....

ORDER NO.	PRODUCTS	BACH/SERIAL NO.	DESCRIPTION OF THE DEFECT

Complaints department: complaints@indigo-nails.com

. . . . . .
date & signature