

Project Data

Order No.:

ZIP Code /
Place of Delivery:

Delivery Date:

Truck No. (see
delivery note):Date of Detection
of Defects:**Company Data**

Company:

Street:

ZIP Code /
Location:

Country:

Contact Person:

Phone No.:

ComplaintReason of
Complaint:Position
Number(s):Measures taken
by the customer*:

***Important Note:** Please note that the customer is only entitled to rectify defects after the complaint has been discussed with us. Any rectification of defects shall be subject to our prior consent. Generally speaking, however, we reserve the right to rectify any defects or deficiencies ourselves.

Photo of the defective material (Please always attach photographic proof of the complaint!)

Please click in the field to upload an image!	Please click in the field to upload an image!
---	---

Costs

No. of persons	Date and time of rectification of defects	Personnel assigned for rectification of defects (e.g. assistants, skilled workers ...)	Expenditure of time (hours)	Hourly rate (€/hour):	Total (€)

Total costs: _____

Date: _____

Company stamp and legally binding signature

The DERIX-Group shall fill in the form below

Complaint accepted

Yes ☐

No ☐

Reason:

Information re-
garding handling
of the complaint:

Company stamp, date and legally binding signature