

SERVICE REQUEST



REPORT DATE:	
CUSTOMER	
NAME:	
CONTACT PERSON:	
TELEPHONE:	

BUILDING / PROJECT	
ADDRESS:	
CONTACT PERSON:	
TELEPHONE:	

SCOPE OF THE COMPLAINT			
PRODUCT NAME:			
CODE:		NO. OF THE ES-SYSTEM PURCHASE INVOICE:	
CLAIMED QUANTITY:		QUANTITY OF INSTALLED LUMINAIRES:	
WORKING TIME UNTIL FAILURE (IN DAYS):		AVERAGE WORKING TIME PER WEEK (IN HOURS):	
TYPE OF DAMAGE:	<input type="checkbox"/> MECHANICAL	<input type="checkbox"/> ELECTRICAL	<input type="checkbox"/> TIGHTNESS (IP)
LOCATION:	<input type="checkbox"/> INDOORS	<input type="checkbox"/> OUTDOORS (SHELTERED)	<input type="checkbox"/> OUTDOORS
MOUNTING:	<input type="checkbox"/> SURFACE MOUNTED	<input type="checkbox"/> CEILING RECESSED	<input type="checkbox"/> SUSPENDED
	<input type="checkbox"/> STANDING ON GROUND	<input type="checkbox"/> IN GROUND	<input type="checkbox"/> WALL RECESSED
	<input type="checkbox"/> ON A POLE	<input type="checkbox"/> ON A WALL	<input type="checkbox"/> OTHER:
MOUNTING HEIGHT:		TEMPERATURE OF THE LUMINAIRE'S WORKING ENVIRONMENT:	
ACCESS TO LUMINAIRES:			
PROBLEM DESCRIPTION:			
ATTEMPTED TRIALS TO DETERMINE DAMAGE:	<input type="checkbox"/> TRANSPORT DAMAGE REPORT	<input type="checkbox"/> CHECK OF CORRECTNESS OF APPLIED VOLTAGE	
	<input type="checkbox"/> CHECK OF CORRECTNESS OF INSTALLATION AND CONNECTION	<input type="checkbox"/> CHECK OF CORRECTNESS OF LIGHT SOURCES	
	<input type="checkbox"/> CHECK OF CORRECTNESS OF COMPONENTS (E.G. EVG)	<input type="checkbox"/> OTHER:	
PROBLEM OCCURRENCE:	<input type="checkbox"/> ALL THE TIME	<input type="checkbox"/> RANDOM	<input type="checkbox"/> OTHER:
OTHER, CONNECTED COMPONENTS:			
CONTROL EQUIPMENT (TYPE, PRODUCER):			
LIGHT SOURCE (TYPE, PRODUCER):			
OTHER:			
EXPECTATIONS CONCERNING PROBLEM SOLUTION:			
<p>I DECLARE THAT IF THE COMPLAINT IS FOUND GROUNDLESS OR DISCREPANCIES BETWEEN THE APPLICATION AND THE ACTUAL SITUATION ARE STATED I UNDERTAKE TO COVER COSTS BORNE BY ES-SYSTEM S.A. WHILE ATTENDING TO THIS APPLICATION (THIS ENTRY DOES NOT CONCERN THE CONSUMER).</p>			
CUSTOMER'S SIGNATURE:			

COMPLAINT PROCEDURE:

IN CASE THE PRODUCT OF ES-SYSTEM S.A. WAS PURCHASED FROM OTHER ENTITY THE COMPLAINT SHOULD BE FILED WITH THE SELLER.

IN CASE OF A DIRECT PURCHASE FROM ES-SYSTEM S.A. STEPS MENTIONED BELOW SHOULD BE FOLLOWED:

1. THE ABOVE SERVICE APPLICATION MUST BE FILLED IN.

NOTE: FIELDS MARKED WITH BLACK TYPE ARE OBLIGATORY. PARTIALLY FILLED APPLICATIONS WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE ACCEPTED FOR PROCESSING.

2. COMPLETED APPLICATION MUST BE MAILED TO ES-SYSTEM S.A. (UL. PRZEMYSŁOWA 2, 30-701 KRAKÓW) OR BY E-MAIL TO THE ADDRESS REKLAMACJE@ESSYSTEM.PL
3. AN OFFICIAL RECEIPT OF THE APPLICATION AND FURTHER INSTRUCTIONS CONSIDERING THE APPLICATION WILL BE SEND TO THE APPLICANT.