

# HYGINITY dispenser series – Complaint form

Date: \_\_\_\_\_

HYGINITY article number: \_\_\_\_\_

HYGINITY dispenser designation: \_\_\_\_\_

Production date (at the top of the dispenser): \_\_\_\_\_

Number of dispensers to be objected to: \_\_\_\_\_

Troubleshooting checked with Satino FAQ list?    Yes            No

Description of the defect /fault: \_\_\_\_\_

Is a donor loan agreement in place?            Yes            No            Were the dispensers installed by an installation    Yes            No  
service provider?

Is a photo of the defect available?            Yes            No

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## Data of the end customer

Company: \_\_\_\_\_

Street/house number: \_\_\_\_\_

Contact: \_\_\_\_\_

Postcode/town: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

## Data of the authorised specialist distributors

Company: \_\_\_\_\_

Street/house number: \_\_\_\_\_

Contact: \_\_\_\_\_

Postcode/town: \_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_