

COMPLAINT FORM

(this form should be completed and sent back only if you wish to make a complaint)

Addressee	Craft square Valdemarsgade 6, 4 tv. 9000 aalborg, denmark Www.craftsquare.dk Store@craftsquare.dk
Date of submitting the complaint	
Name	
Surname	
E-mail address	
Order number	
Date of occurrence of the defect	
Description of the product defect	
Your request	<input type="checkbox"/> refund <input type="checkbox"/> product replacement <input type="checkbox"/> 50 % discount