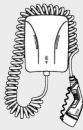
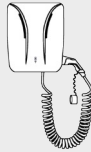



COMPLAINT FORM

Delivery note/order number : (if ordered from eCharge)	Date:
Wholesaler	

Wholesaler <input type="checkbox"/>	Installer <input type="checkbox"/>	End customer <input type="checkbox"/>
company:		
name, first name:		
street:		
area code, Location:		
contact person:		
Phone:		
fax:		
e-mail:		

Typ	<input type="checkbox"/>	cPμ2 	<input type="checkbox"/>	cPH2 	<input type="checkbox"/>	cPP2 				
Number of ports	<input type="checkbox"/>	1T	<input type="checkbox"/>	2T	<input type="checkbox"/>	3T	<input type="checkbox"/>	4T		
Power per port In kW	<input type="checkbox"/>	3,7	<input type="checkbox"/>	4,6	<input type="checkbox"/>	7,4	<input type="checkbox"/>	11	<input type="checkbox"/>	22
eCB1 installed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
LEDs light up?	<input type="checkbox"/>	red	<input type="checkbox"/>	yellow	<input type="checkbox"/>	not at all				
RFID installed	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
if yes: Unlockable?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						

**Optical defects/
Utility clocks**

Yes No

if yes where: _____

**Are the status LEDs on the board light up?
In the interior?**

Yes No

if yes which: _____

Modem installed?

Yes No

LEDs on the modem light up?

Yes No

Type Description: (e.g. cPH2, cable)	Serialno. (if available)	problem

Fault Description:

The problem has been reported to the wholesaler / installer:

Yes No

The defective product was looked at by the installer:

Yes No

if "No": Please contact your installer / the electrician in charge first.

Date, signature customer

Date, signature eCharge