

**QL CONTROLS**  
**Sp. z o.o., Sp. k.**  
Rolna 4 Street  
43-262 Kobielice  
POLAND  
Tel. +48 32 700 74 53  
Tel.+48 32 750 65 05

**COMPLAINT CARD NO ..... (to fill in by SALUS's service man)**

Purchase date

Seller / Distributor  
(company name, address)

Contact phone number  
Seller / Distributor

Purchaser  
(Name, address)

Contact phone number

Installer's e-mail/  
phone number

Product code

Fault's description

No. of units

If complaint is considered favorably, the Client may collect the devices directly at a distributor place (where the product was purchased).

Please send the complaints card filled in at: [serwis@salus-controls.pl](mailto:serwis@salus-controls.pl) and attach it to the faulty unit.

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**To make a warranty claim, the proof of purchase and filled protocol must be supplied. Otherwise the claim shall be null and void.**

SALUS service man's name

Consideration of complaint