

Questionnaire

for customer complaints due to incompatibility reactions
after use of cosmetic products from Depesche Vertrieb GmbH & Co.KG

1. reporting person

First name & surname: _____

Address: _____

Phone: _____

2. person concerned

First name & surname: _____

Address: _____

Age: _____

Sex: _____

Phone: _____

3. which cosmetic product has been used?

Name: _____

Stylenumber: _____

Barcode: _____

Chargenumber: _____

4. which part of the body is affected?

5. what reaction has occurred?

Exact description of symptoms, add picture if possible.

6. what was the course of the intolerance reaction?

Onset of symptoms: _____

How long did they last?

7. how has the product been applied?

8. was the product well tolerated in the past?

Please tick:

- Yes
- No
- It was used for the first time

9. if no:

What kind of intolerance has occurred in the past?

10. has a doctor been consulted?

Please tick:

- Yes
- No

11. if yes:

What treatment has been received?

12. has the product been used again since then?

Please tick:

- Yes
- No

13. are there any general intolerances or allergies?

Yes, namely:

No

DEPESCHE

— *Germany* —

Notes on data protection:

With your signature, you consent to us storing and processing your data for as long as is necessary to clarify the incompatibility reaction. Furthermore, we comply with all legal requirements of the Data Protection Ordinance.

Place, date: _____

Signature: _____