

**Defect-/ Complaintreport  
Apartment/ Special property**

Project: \_\_\_\_\_

Address : \_\_\_\_\_

Apartment Unit: \_\_\_\_\_

**Contact details tenant:**

First-, Surname: \_\_\_\_\_

Street, House number: \_\_\_\_\_

Postcode, City : \_\_\_\_\_

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

Fax-Number and/or E-Mail : \_\_\_\_\_

**Details of Defect/Complaint:**

Room	Description

**Date:** \_\_\_\_\_**Signature:** \_\_\_\_\_

With your signature you declare that the costs resulting from the examination of the complaint will be covered by the signatory, provided that it is a self-inflicted defect / damage.

**Please send the completed form to: [info@eichenglobal.com](mailto:info@eichenglobal.com) or via Fax: +49 30 212 22 36 80**