

## Questionnaire

for customer complaints due to incompatibility reactions  
after use of cosmetic products from Depesche Vertriebs GmbH und 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?

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**7. how has the product been applied?**

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**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?

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**10. has a doctor been consulted?**

Please tick:

- Yes
- No

**11. if yes:**

What treatment has been received?

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**12. has the product been used again since then?**

Please tick:

- Yes
- No

**13. are there any general intolerances or allergies?**

Yes, namely:

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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: \_\_\_\_\_