

**CUSTOMER COMPLAINTS MANAGEMENT**

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| **SEPTODONT ARTICLE CODE** | **PRODUCT NAME** | ***Please select the product concerned*** |
| 10307P | DENTAPEN AM (22) |[ ]
| 10306O | DENTAPEN UE (22) |[ ]
| 0051U | DENTAPEN (UE)  |[ ]
| 0476I | DENTAPEN |[ ]
| 10213Z | DENTAPEN (US) |[ ]
| 10126S | DENTAPEN (US) |[ ]
| 10296E | DENTAPEN COMPLETE KIT 2.2 ML |[ ]
| 10300I | GRIP SERINGUE DENTAPEN SPINE SPIX |[ ]
| 0050W | GRIP SERINGUE DENTAPEN SPINE SPIX |[ ]
| 10177P | CORPS SERINGUE DENTAPEN  (US) |[ ]
| 10301J | CORPS SERINGUE DENTAPEN (US) |[ ]
| 10304M | CORPS SERINGUE DENTAPEN (UE) |[ ]
| 0050Z | CORPS SERINGUE DENTAPEN  (UE) |[ ]
| 0050Y | BATTERIE DENTAPEN |[ ]
| 10302K | BATTERIE DENTAPEN |[ ]
| 10303L | AILETTE POUR SERINGUE DENTAPEN |[ ]
| 0050X | AILETTE POUR SERINGUE DENTAPEN |[ ]
| 10305N | HOUSSE DE PROTECTION DENTAPEN |[ ]
| 0051J | HOUSSE DE PROTECTION DENTAPEN |[ ]

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| **Septodont purchase order number** |  |

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| **FOR INCIDENT REGARDING THE KIT** (injector or any element of the kit – Battery/Cartridge holder/ Finger Grip/O-Ring/Sleeve |
| **Septodont batch number concerned**Please refer to the receipt received for your purchasing order |  |
| **Supplier batch number concerned** |  |
| **Device Serial Number** |  |
| * On the Box

 |  |
| * On the device

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| **Please confirm if the Serial Number is the same on the box and the device**  | Yes [ ] No [ ]  |
| **If the serial number between the box and the device is not the same, please confirm with the practitioner if there is not a mix** | …………………………………………………. |
| **Delivery date at the practitioner’s office** |  |
| **Is there a green label on the device?** | Yes [ ] No [ ]  |

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| **SITUATION OF THE INCIDENT** |
| ***IN CASE OF DAMAGED ITEM (accessory and Dentapen Injector)*** |
| **Does the problem appear at the 1st use?** |  |
| **Please detail the situation of the incident (when? How? Condition of use? Etc…)** |  |
| **Has the damaged item been cleaned &/or sterilised?** | Yes [ ] No [ ]  |
| **If yes,** **How many times?** |  |
| **Please describe the cleaning and sterilization conditions** |  |
| **Is the problem occurring with many accessories or one specifically?** |  |

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| ***IN CASE OF DEVICE MALFUNCTION (Dentapen injector)*** |
| **Does the problem appear at the 1st use?** |   |
| **Please detail the situation of the incident (when? How? Condition of use? Etc…)** |  |
| **Has the damaged item been cleaned (type of product and protocol)?** |  |
| **If yes, How many times?** | - |
| **Please described the cleaning conditions** |  |
| **What is the color of the On/Off led while using the device?*** **Green**
* **Orange**
* **Red**

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| **After detection of the problem, has the battery been changed?** |  |
| **By the Practioner?** |  |
| **By Internal teams? Oui**  |  |
| **And if so, did the problem persist?** |  |

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| ***FOR OTHER INCIDENT*** |
| **Does the problem appear at the 1st use?** | …………………………………………………. |
| **Please detail the situation of the incident (when? How? Condition of use? Etc…)** | …………………………………………………. |