

**CUSTOMER COMPLAINTS MANAGEMENT**

|  |  |  |
| --- | --- | --- |
| **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 |  |

|  |  |
| --- | --- |
| **Septodont purchase order number** |  |

|  |  |
| --- | --- |
| **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 |  |
| **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 |

|  |  |
| --- | --- |
| **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?** |  |

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

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