

Complaintform

Complaint procedure

Underneath you will find the conditions applicable for submission of the complaint form (S0001-20160706-v1-KL-EN) and the shipment of the product. You report the complaint to your Atos Medical representative. After consultation the complaint will be picked up or send back.

- The complaint form must be filled in fully and truthfully.
- The complaint form must be signed by the medical care provider.
- If the product is available for research, it needs to be send according the following instructions:
 - If possible, the product needs to be sterilized before shipping.
 - The product should be packed in a sealed bag and will be picked up by your representative or should be send in a box to Atos Medcial.
 - Voice prostheses and also other non sterilizable product must be packed in a sealed casing filled with alcohol in two sealed bags and will be picked up by your representative or should be send in a box to Atos Medical.
 - Address: Atos Medical BVBA/SPRL, Koningsstraat 266/Rue Royale 266, 1210 Brussel/1210 Bruxelles.

Handling

When the product is available for examination, we will ship it including the information obtained from you to our headquarters or supplier where it will be analyzed for deviations or defects. If possible and appropriate, the product will be repaired. You will receive the evaluation, together with the repaired- or replacement product. Atos Medical BVBA/SPRL can not guarantee for a replacement or repair. The process takes an average of four weeks, unless otherwise indicated.

Questions

For further questions about our complaints procedure, please contact Customer Service, by phone: 022 18 55 50 or e-mail: info.be@atosmedical.com

Complaintform

General data

Reporter _____ Hospital / Patient / Distributor (please circle what applies) **Name** _____

Department _____

Telephone number _____

Contact person _____

E-mail address _____

Product information

Ref No. _____

Lot No. _____

Description _____

Serial No. _____

When did the event occur (date)? _____

How long has the actual product been used? _____

Has this problem occurred previously with this customer/user? Yes No

Has the product been used according to instructions? Yes No

Is the product available for examination? Yes (return it) No

Are products from same lot / carton available? Yes No

Have other products / medicines been used together with the product? Yes (which?) No

Patient status:

Unaffected

Other (describe)

Describe event or problem

(Please make the description as detailed as possible and attach available additional information)

Attachments: _____ Date: _____ Signature: _____

After completing this form, after consulting your representative, send this form together with the product to
Atos Medical BVBA/SPRL
Koningsstraat 266/Rue Royale 266
1210 Brussel/1210 Bruxelles

Atos Atos Medical
Your voice