Client Claim Form

Date:		**Number:**
TYPE	Part to be completed by the Client	Client: Address: Country and Department N°: Reference: Series: Distribution product concerned: Batch Number: Quantity:
DESCRIPTION		Client Claim Description
INVESTIGATION	Part reserved for BIOTECH DENTAL	Investigation description: CC type: CC occurrence: Identified risk code :
MEDICAL DEVICE VIGILANCE REPORT		Serious or not serious : Materiovigilance Classification: Medical device vigilance report (yes/no) : Person responsible for the statement: Date of the statement: Product quantity (if medical device vigilance report) : Reasons for the decision : Person responsible for medical device vigilance : Authorisation :
CURATIVE ACTION		Description of the CURATIVE ACTION Client Information fulfilled: Exchange : DS number:
		Sales Manager: Date of discussion:
CAPA		Opening of a corrective/preventive action yes/no : Justification: Person responsible for CAPA:
CLOSING DATE		Closing date of customer complaint : Name of person in charge of managing the complaint : Authorisation :