FO Page: 1 of 1 Revision: 03	**Formular** **Complaint**	

☐ Mrs. ☐ Mr. Company.Name: .....

....
Degree Surname First Name

....
Street, Number Postal Code City

....
Fon Customer No.

Medicinal Product: ☐ Yes ☐ N0 Amount: ..... Expiry Date: .....

Article-No.: .....

Mane of Producer: .....

Description of Product: .....

Charge No. / LOT: .....

For Devices, Serial-No.: .....

Did Patient/User/Third Party get injured? ☐ Yes ☐ No

Reason for Complaint: **Attention:** ☐ **product is used!** - Declaration of Decontamination is absolutely necessary

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.....

.....

.....

.....

Guaranty	Credit Note	Cost Estimate	Repair	Replacement	Defect New Goods	Written Comment
☐	☐	☐	☐	☐	☐	☐

....
Place, Date Signature

Your data may be forwarded to the manufacturer for the purpose of processing the complaint. This may also include any required decontamination certificate.

Please attach necessarily a copy of the invoice or a delivery note for each return.

DENTAL-UNION GMBH Internal	Bemerkung:
bearbeitet durch:	.....
bearbeitet am:	.....
Telefonnummer:	.....
Niederlassung:	.....
Zurück zum Hersteller ☐	Entsorgung ☐

Forms can be downloaded at **www.dental-union.de** -> Downloads -> Documents (in Section „Miscellaneous“)

Referenzdokument: AA_Bearbeitung von Kundenrücksendungen