



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		Investigation description:	
		CC type: _____	CC occurrence: _____
		Identified risk code : _____	
MEDICAL DEVICE VIGILANCE REPORT	Part reserved for BIOTECH DENTAL	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 : _____