|  |  |  |
| --- | --- | --- |
| In the course of our activities, we take great care to handle customer complaints and needs. We focus on responding accurately and quickly to customer requests, so we would like to ask our Partners to assist Customer Service staff in reducing the turnaround time for Complaint Handling by providing the information below.Please send the completed error report form electronically to the customer service email address or to the Innomed Customer Service together with the device. |  | **Customer service contact** |
|  | Email: | csikai.attila@innomed.hu |
|  | Tel.: | +3614609232 |
|  | Address: | H-1146 Budapest, Szabó József utca 12. |
|  | Opening hours: | Monday – Friday 8:00-16:00 |

|  |
| --- |
| **Costumer data** |
| Name: |  |
| Address: |  |
| Contact: |  |
| **Description of failure** |
| Device type: |  |
| Serial number: |  |
| Circumstances of failure: |

|  |  |  |
| --- | --- | --- |
| Operator involved |[ ]  Date of failure |  |
| Patient involved |[ ]   |  |
| Caused by operator |[ ]   |  |
| Caused by patient |[ ]   |  |
| Failure before use |[ ]   |  |
| Failure during use |[ ]   |  |
| Failure during service |[ ]   |  |

 |
| Description of complaint, additional remarks: |

|  |  |  |
| --- | --- | --- |
|  | Costumer need: | Spare part request |[ ]
|  |  | Repair |[ ]
|  |  | Replacement device for repair |[ ]
|  |  | Repair quote |[ ]

 |
| **Declaration** |
| *Due to legal obligations we wish to confirm, that non of the below mentioned situations have occured during the malfunction of the device:** *the death of a patient, user or other person,*
* *the temporary or permanent serious deterioration of a patient's, user's or other person's state of health,*
* *a serious public health threat;*

*Serious public health threat means an event which could result in imminent risk of death, serious deterioration in a person's state of health, or serious illness, thatte may require prompt remedial action, and that may cause significant morbidity or mortality in humans, or that is unusual or unexpected for the given place and time* |
| None of the above conditions are applicable: |[ ]
| Based on the above, a serious unexpected event occurred during a device failure. |[ ]

**Our service policy can be downloaded from Innomed Medical Zrt Extranet webpage:** [**https://extranet.innomed.hu/**](https://extranet.innomed.hu/)

**Place, date: ………………………………. Applicant sign: ………………………….**