VOLID	®									
YOUNG							Page	Page 1 of 2		
Young Innovations Europe: Product Complaint Form										
Dealer #										
Dealer Name										
Dealer PO#										
Young Order #										
Dealer Invoice #										
Dealer Contact Name										
Dealer Phone #										
Dealer email for corrspondance										
Please complete using	g one line p	er lot numb	er							
Product (as identified in parcel)	Part number		Lot numb	per Qty				der number purchased dealer		
Description of the Com multiple issues please ide issue to product. Eg code	ntify / match	ос								
Have the parts been sterilised?		Yes								
		No Parts must be returned in a manner that they can easily be recognized please mark bag / item with identification to match information below.								
Was a patient Harmed by incident?		Yes								
Date compliant issued to MBI by Dealer		No								
Date issue reported to dealer by their customer		r								
Signature / name of dealer representative managing complaint										



For Internal Use Only							
GLB Reference No.							
Is complaint filed?	Yes		File number				
	No						
Has Credit /replacements been sent?	Yes		Date replacements sent				
	No						
In relation to the European basic only be used within Young Innovaindicated dealer with relation to t	itions, Young Micr	obrush Ireland.	And, in case needed, we would us	se this data to contact the			
	-mentioned data c	an be used for t	he handling of this reclamation ar	nd for further questions in			

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questionnaires by post, phone and e-mail. I am able to withdrawal this confirmation in writing at any time.

Yes, I agree that Young Innovations is allowed to contact me for information about products, promotions and product