

NON COMPLIANCE

Registration and application form

My-Netti.com

Enable joy of life

Netti[®]
BY ALU REHAB

Customer fill in area	To be filled in by Netti employee
Customer code: C-	Date:
Customer company name:	NC-complaint number:
Customer contact person:	Netti employee:
Contact person email:	
Phone number:	
Reference:	
Netti SO-Number:	

Dear customer, in order to handle your complaint accurately, we would like you to fill out this form.

It will help us to understand the circumstances around the incident and enables us to give you fast feedback.

Type of deviation/complaint (mark)	
<input type="checkbox"/> Wrong item delivered	<input type="checkbox"/> Missing parts
<input type="checkbox"/> Damaged upon delivery	<input type="checkbox"/> Item damaged when used
	<input type="checkbox"/> Others:

Specific information about wheelchair	
Wheelchair model:	
Serial number of wheelchair:	
Are individual solutions mounted on wheelchair (please describe)	
Additional information about the wheelchair configuration	

Specific information about deviation	
Please describe the complaint:	
Please describe the circumstances when incident occur:	
Did it suddenly happen or was it a predictable incident?	
If predictable, when have you noticed it first time:	
Where did it happen?	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor

Specific information about user	
Body weight:	
Does the user have spastic movements?	
Does the user have involuntary movements?	

Additional information		
Have you already shipped the defect part back?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	If yes, when? _____
Do you have a Sales Return Form?	<input type="checkbox"/> Yes <input type="checkbox"/> NO	If yes, please note the no: SR- _____