



RETURN / COMPLAINT

This Return/Complaint form is sent to E-mail: info@decon.se. In case of potential serious incidents also send to vigilance@decon.se

Address for return;

Decon Wheel AB
Södra Ekeryd 119
SE-314 91 Hyltebruk, Sweden

1. The form will be registered at Decon and assigned a complaint number
2. If more information is needed, Decon will contact specified person
3. When returning a product: Attach a copy of this document to the shipment
4. Mark the shipment with "Complaint"
5. In case of failure of the main product, send complete device (all wheels, battery, cables, charger, etc.)
6. Feedback from Decon will come through order confirmation

Customer information. (Basis for confirmation of return)

| | |
|---|-------------------|
| Date: | Complaint number: |
| Customer nr: | Phone nr: |
| Customer name: | Mobile phone nr: |
| Contact: | E-mail address: |
| Address: (for possible pick-up and return, or if necessary for replacement product) | |

Reason for return / complaint (to be filled out by Decon)

| | | | | | |
|--|---------------------|-------------------------|-------------------------|----------------------|------------|
| Complaints () | Warranty matter () | Accident/ Incident* () | Incorrect ordering () | Return test/loan () | Repair () |
| Other reason: | | | | | |
| The product shall be sent to Decon (need for consignment note) () | | | | | |
| Decon's order number: | | | Customers order number: | | |

* In the event of a potential serious incident, move on to page 2.

Product information

| Article number | Product name | Serial number* | Quantity | Delivery date |
|----------------|--------------|----------------|----------|---------------|
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Which wheelchair is the product mounted on:

* In the event of a complaint about accessories or individual components, if possible, indicate the serial number of the main product.

Describe complaints

| | |
|--|--|
| When did the event occur? (YYYYMMDD) | How many times has the product been reconditioned? |
| Describe the error, what has happened? What caused the problem and what were the related circumstances? (Feel free to attach photo.) | |

Feedback/Action (Filled in by Decon)

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Decon Wheel AB

Södra Ekeryd 119
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Product information

| Article number | Medical device name | Serial number* | Quantity | Delivery date |
|----------------|---------------------|----------------|----------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Which wheelchair is the product mounted on:

Provide a comprehensive description of the incident

User Information

Initial Reporter Information

South Ekeryd 119
SE-314 91 Hyltebruk, Sweden

