 **FORMAL CLAIM FORM - COVER PAGE -**

Please complete only the applicable pages of this form as best you can (Cover Page + relevant Section Document), sign them and send a scanned copy by email to msfocb-ksu-claims@brussels.msf.org.

This Formal Claim Form shall be considered a formal notice and an official request to investigate the cause of the damage.

*Please quote KSU references as shown on the transport document.*

* Country ………………………………………………………
* Location ………………………………………………………
* Means of transport ………………………………………………………
* KSU Shipment Number ……………………………………………………
* Date of arrival of goods \* ………………………………………………………

 \* **The date must match with the date of receipt on the delivery note.**

*Problem detected (please tick the relevant case and fill in the correspondent section document):*

* Certain goods were damaged on delivery – **section A**
* Certain goods were missing on delivery – **section A**
* The quantity of goods delivered differs from the quantity ordered



 (excess or shortfall) – **section A**



* The goods delivered are not those ordered (incorrect goods)– **section A**



* The remaining shelf life of the goods is too short (short expiry) – **section A**



* Certain goods have been exposed to a cold chain failure – **section B**
* Certain goods do not meet MSF standards, expected specifications,



 quality problem, pharmacovigilance and medical device vigilance problem

 **(MEDICAL)** – **section C**

* Certain goods do not meet MSF standards, expected specifications,

 quality problem **(LOGISTIC)** – **section D**



* Certain goods do not meet MSF standards, expected specifications,

 Quality problem **(therapeutic FOOD)** – **section E**



* **Service Problem** –an issue not concerning the products, but the service offered by KSU – **section F**





* Other issues: ……………………………………………………………………………

Suggested solution (if the complaint is accepted by KSU):

Would you like the goods to be replaced? yes no





Would you like a credit note? yes no





**SIGNATURE (reserved to Supply referents)**

Name of KSU **referent** or other client/partner’s representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project/Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Stamp + Signature**

 **CLAIM FORM section A**

**In case of missing or damaged parcels: this document must be signed by transport/airport/custom authorities. Otherwise attach to the file a copy of the delivery note.**

 **SECTION A**  for **Missing / Excess / Damaged / Expired (expiry date too short)/ Not corresponding to items ordered**

When did you notice the problem? On receipt of the goods \* Date **\_\_ /\_\_ / \_\_\_\_** Some time after delivery: Date **\_\_ /\_\_\_ / \_\_\_\_**

 **\* The date must match with the date of receipt on the delivery note**

Where did you notice the problem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was/were the package(s) concerned ringed and sealed with MSF tape? YES NO Looks like it (they) was (were) opened? YES NO

Person that noted the issue: Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For sealed container/truck transport only : Container/truck seal number:­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Was the seal intact on delivery? YES NO )

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Packingnumber | Item n° | Article code | Batch n° | Quantity involved by the problem | Problematic goods’ value | Invoice number | Detailed explanation of the problem |
|  |  |  |  |   |  |  |  |
|  |  |  |  |  |  |  |  |
|   |   |    |  |  |   |   |   |

Full name of authority representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full name of MSF or client’s representativE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Function : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co./Authority : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation/Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stamp + Signature Stamp + Signature**

 **Stamp + Signature**

  **CLAIM FORM Section B**

**SECTION B**  for **a break down in the cold chain** (or other temperature-controlled transportation)

**This form should always be submitted with data extracted from the temperature monitoring devices (Log Tag’s original format, 3M card and FreezeTag readings. Please rename the log tag file with the reference of the relative packing list.**

*If a break down in the cold chain is detected at reception of a freight coming from KSU, send an annexed report giving as many details as possible. We will then advise you accordingly (usage or destruction). If the reception procedures are not followed in the field, the insurance company or KSU could* ***refuse*** *to cover the damage.*

Please indicate: - Date and time of the **arrival at the airport**: date …./…../…. time :… : ….

 - When the products were **received by the mission** (or client): date …./…../…. time :… : ….

 - When the products were **transferred** to the mission’s (or client’s) cold room : date …./…../…. time :… : ….

The person who observed the facts: Family name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| PackingNumber | ArticleCode | Batch N° | Blue zone of 3M card up to(A,B,C,D) | State of FreezeTag(X or V) | Invoicenumber | Detailed explanation of the problem |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Full name of authority representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full name of MSF or client’s representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Function : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co./Authority : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Organisation/Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stamp + Signature** **Stamp + Signature**



**FORMAL CLAIM FORM Section C – Reserved to medical Staff**

 **SECTION C**  for **Medical Quality Complaint Form (medical only)***to be filled out by medical staff ONLY*

**1. Please fill one claim form per product; the same form can be used for several batches**

**2. For local supply please inform directly your OC focal point (section pharmacists)**

**3. To allow a complete analysis please always attach pictures when sending this claim and provide as many information as possible**

**1. General information**

|  |  |
| --- | --- |
| Section |  |
| Name |  |
| Position |  |
| Project and Country |  |
| E-mail |  |
| Phone |  |
| Date of submission of the claim form |  |
| Have you informed your medco (Y/N) |  |

**2. Product details**

|  |  |
| --- | --- |
| Product ITC code and description  |  |
| Brand name (if applicable) |  |
| For medical device: manufacturer’s reference |  |
| Manufacturer |  |
| Manufacturing site name and address |  |
| Description of primary packaging |  |
| Description of secondary packaging |  |
| Batch/lot number(s) |  |
| Expiry date(s)/Best before date(s) |  |
| Manufacturing date(s) |  |
| **Procurement channel** |
| Packing reference number(s) |  |
| If the item is part of a kit please indicate:- Kit code:- Manufacturing n° of the kit : |  |

**3. Quality defect**

|  |  |
| --- | --- |
| Date of 1st observation of the issue |  |
| Who detected the defect? (Patient, hospital staff, pharmacy staff, etc.) |  |
| Circumstances in which the defect was detected  |  |
| Detailed description of the defect (tablet friability, abnormal appearance, colour, smell, precipitate, leakage, labelling, seal, insects, pharmacovigilance problem or medical device vigilance case etc.) |  |
| Quantity of products affected out of the total number from the same lot. |  |
| Definitive quantity ? Yes/No (if the default is detected while using the product) |  |

**4. Consequences following the use of the defect product (if any)**

|  |  |
| --- | --- |
| Has the concerned product/batch already been used or administrated to patient(s)? If yes how many patients have received the product? |  |
| Has any adverse event or lack of efficacy been observed on the patients following the administration/use of this product/batch (please describe)? |  |
| Has the health staff been affected by the use of this product (please describe)? |  |

|  |  |
| --- | --- |
| Total quantity received |  |
| Transport | From KSU to **capital** | From capital to **project** | From project to **end-user** |
| Date of departure |  |  |  |
| Date of arrival |  |  |  |
| Mean of transport |  |  |  |
| Temperatures during transport\* |  |  |  |
| Storage conditions (temp./humidity)\* |  |  |  |
| Remaining stock per batch |  |  |  |

**5. Supply details (write: N/A when not applicable)**

\*Please provide record (log-tag or manual recording) or if not available describe general conditions

**6. Immediate action already taken**

|  |  |
| --- | --- |
| Quarantine (Y/N). If yes please precise location |  |
| Sample returned to country coordination (Y/N)\*\* |  |
| Any other batch that could be used instead? |  |

\*\*Please keep the affected sample intact for possible analysis and in appropriate storage conditions as recommended by the manufacturer

**SIGNATURE**

Full name of MSF or client’s representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation/Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stamp + Signature**



 **SECTION C**  **Non-conformity with specifications, quality problem**

**For KSU use only**

1. Identification of the defect discovered in the field :

|  |  |  |
| --- | --- | --- |
| Class 1 |   | **Defect that is potentially dangerous and that may pose a serious health risk** |
| 1.1 |   | Incorrect product (labelling and contents differ) |
| 1.2 |   | Correct product but different dose, having serious medical consequences |
| 1.3 |   | Microbial contamination of a sterile injectable or ophthalmic product |
| 1.4 |   | Chemical contamination having serious medical consequences |
| 1.5 |   | Mixture of certain products, with more than one box concerned |
| 1.6 |   | Incorrect active principle in a multicomponent product having serious medical consequences |
|   |   |   |
| Class 2 |   | **Defect that may result in illness or incorrect use and which does not belong in class 1** |
| 2.1 |   | Labelling error, incorrect or missing legal notices, etc. |
| 2.2 |   | Missing or incorrect information in the notices, etc. |
| 2.3 |   | Microbial contamination of a non-injectable or non-ophthalmic product having medical consequences |
| 2.4 |   | Chemical/physical contamination (significant impurities, cross contamination, particles, etc.) |
| 2.5 |   | Mixture of certain products in a single box |
| 2.6 |   | Non-conformity with specifications (stability, dose, etc.) |
| 2.7 |   | Unsecured packaging having serious medical consequences (e.g.: cytotoxicity, child safety, etc.) |
|   |   |   |
| Class 3 |   | **Defect that will not cause significant health problems and which does not belong in classes 1 or 2** |
| 3.1 |   | Faulty packaging or labelling (expiry date or missing or incorrect batch nos.) |
| 3.2 |   | Faulty product seal |
| 3.3 |   | Microbial, dirt, dust, waste, particle, etc. contamination |
|  |  |  |
| 4.1. |   | Other, various |

***In principle:***

***- a class 1 defect must result in a batch recall extended to all missions and in a product return and complaint to the manufacturer***

***- a class 2 defect may result in a batch recall extended to all missions and in a product return and complaint to the manufacturer***

***- a class 3 defect or fault may result in a product return to KSU for replacement or in a credit note***

2. Should this defect lead to the immediate quarantine of the product?

 In the field: Yes / No

 At KSU: Yes / No

3. Is this defect restricted to this mission?

Yes / No

4. If no: should KSU inform the other missions that may be affected (use quality alert procedure).

 Yes / No

5. Should KSU proceed, on manufacturer’s request, with a batch recall (use batch recall procedure)?

 Yes / No

6. Action taken by the KSU pharmacist:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Finalisation by and conclusion of the KSU pharmacist:

The product will be:

1. destroyed on site

2. returned to KSU

3. can be used by the mission

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date file closed by the pharmacist(s): .. / .. / ….

Signature:



**FORMAL CLAIM FORM Section D - Reserved to Log Staff**

**SECTION D**  for Q**uality problem (Logistics only)** *to be filled out by logistic staff ONLY*

**1. Origin of the claim:**

**Name of the person that identified the defect:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Starting date of the problem:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initial order reference:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact person for dealing with the quality problem:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If the origin of the claim is directly related to the receipt of a shipment, complete the table under point 2.

For claims regarding a quality issue identified on the field, some time after the receipt of the goods, go directly to point 3.

**2. Product shipment details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PackingNumber | ItemNo. | Article Code | GoodsValue | Invoice No. |
|  |  |  |  |  |
|  |  |  |  |  |

**3. Product details:**

Type of product: Administration (A)

 Camps (C)

 Programme support (P)

 Transport (T)

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the article part of a kit? **YES NO**

If yes, indicate:

- Kit code:

- Manufacturing n° of the kit :

|  |  |
| --- | --- |
| Article code and description |  |
| Brand, type, model |  |
| Quantity involved |  |
| Serial number |  |
| BUPHAGUS number |  |

**4. Details of defect:**

|  |  |
| --- | --- |
| Problem detection (on arrival, on the field, after, in MSF warehouse…): |  |
| Detailed description of the problem or defect: |  |
| Has the item concerned already been used? |  |

**SIGNATURE**

Full name of MSF or client’s representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation/Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stamp + Signature**



**FORMAL CLAIM FORM Section E- Reserved to medical Staff**

**SECTION E**  for **Problems with the quality of specialised food products** *to be filled out by medical staff ONLY*

**1. Origin of the claim:**

**Name of the person that identified the defect:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Starting date of the problem:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Initial order reference:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact person for dealing with the quality problem:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If the origin of the claim is directly related to the receipt of a shipment, complete the table under point 2.

For claims regarding a quality issue identified on the field, some time after the receipt of the goods, go directly to point 3.

**2. Product shipment details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PackingNumber | ItemNo. | Article Code | GoodsValue | Invoice No. |
|  |  |  |  |  |

**3. Product detail:**

Type of product concerned:

* Therapeutic milk (F75 and F100) and newborns
* Ready to use paste products (*eeZeepaste , Plumpy’Nut, Imunut*

*Valid Nutrition, Supplementary’ Plumpy, Plumpy’Doz). *

* Pre-prepared fortified flour (Unimix, CSB)  **
* Biscuits (BP 5 , NRG 5, BP 100) **
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **

|  |  |
| --- | --- |
| Product code and description |  |
| Destination |  |
| Packaging (type and quantity) |  |
| Batch(es) concerned |  |
| Expiry dates |  |
| Quantite(s) concerned |  |
| Manufacturer’s name and country |  |

**4. Defect details:**

|  |  |
| --- | --- |
| Problem detection (on arrival, on the field, after, in MSF warehouse…): |  |
| Detailed description of the problem or defect:- Abnormal aspect- Colour- Odour- Taste- Wrapping- Leaks- Labelling- Etc… |  |
| Has the product concerned already been used, in whole or in part? |  |
| Has the product been placed in quarantine? |  |

**5 Storage conditions**

**Temperature:**

* **< 30 °C**
* **30° C – 40° C**
* **>40° C**

In the event that some samples must be forwarded to the original manufacturer or a laboratory, you will be asked to fill out an additional evaluation document. This will be sent to you by the pharmacist responsible for the product family.

**SIGNATURE**

Full name of MSF or client’s representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Function: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization/Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stamp + Signature**

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**FORMAL CLAIM FORM Section F – Reserved to Supply referents on the field**

**SECTION F**  *for* ***Problems not concerning the products, but the services offered by KSU***

*NB - Please kindly note that the claim service tool does not replace the regular dialogue between the field and the Desks at KSU. For all doubts and questions about ongoing orders / deliveries please use the normal channels of communication with your referees at KSU.
-The service claim tool does not automatically give the right to a replacement or a refund. The objective is to identify a problem with the services offered, to solve it ASAP and to avoid it in the future.
- Please note that this is not a customer satisfaction tool: so please report to KSU only the issues that have (or may have) a real negative impact on the activities of the mission.
-In the annex of the document there is a list of examples of possible service problems, to better guide the Supply referent in filling the form.*

**1. Origin of the claim:**

Starting date of the problem:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for dealing with the problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If the origin of the claim is directly related to one/more shipment(s), complete the table under point 2.*

*For claims regarding a general service issue, please go directly to point 3: select one of the issues listed and then describe the problem in detail.*

**2. Product shipment details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PackingNo. | ItemNo. | Article Code | GoodsValue | (Items)Invoice No. | Shipment No. |
|  |  |  |  |  |  |

**3. List of possible service claims** : *problem detected (please tick the relevant case and give a detailed description of the issue):*

**3A- Service claims concerning ORDERS:**

* Delay in the processing of the order;
* The importation constraints were not respected;
* Communication mistake during the processing of the order;
* A non-confirmed order has been invoiced;
* Lacking, insufficient, delayed technical support during an order;
* The lead time of 5 weeks RTS concerning the list of LCL (Lead Time Commitment List) and forecasted items was not respected;
* Problems in the use of Extranet and/or Portal;
* Other problems concerning ORDERS;

 EXPLANATION IN DETAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**3B- Service claims concerning SHIPMENTS:**

* Split problem;
* The importation constraints were not respected;
* Communication mistake during the management of the shipment;
* Lacking, insufficient, delayed technical support during the management of a shipment;
* Documents for importation and transport documents missing, wrong, delayed;
* Type of transport not respected;
* The specific requests of the field concerning the shipment were not respected;
* The transport planning was not respected (without the validation of the mission);
* Missing temperature monitoring devices;
* Other problems concerning SHIPMENTS;

EXPLANATION IN DETAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**3C- Service claims concerning PRICE variations:**

* The price invoiced (of the item) differs significantly from the price of the confirmed order;
* Other problems concerning PRICES;

 EXPLANATION IN DETAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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NB: *The rationale is that the field cannot complain concerning the price of the item itself, but concerning its variation.*

**3D- Claims concerning other services offered by KSU:**

* Issues concerning Claim service;
* Issues concerning the packaging and/or the labelling used by KSU;
* Issues concerning the Quality Alert and Batch Recall services;
* Issues concerning the forecast process;
* Other;

 EXPLANATION IN DETAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FORMAL CLAIM FORM Section F – ANNEX**

**SECTION F**

Please find here below some examples of service claims

***ANNEX***

**3A-Examples of service claims concerning orders:**

* Delay in the processing of the order: the acknowledgment/notification of the order is late or missing; the order remained in draft status for too much time,…
* Importation problems: the constraints listed in the “Country Knowledge Base” were not observed ;
* Communication error during the processing of the order: misinformation (e.g., communication error regarding the availability of the item), late (e.g., processing time of a Technical order ) or missing (e.g., the field was not informed about an important change in the order);
* The mission was charged for an non-confirmed Technical order;
* Technical Support: the mission did not receive any reply on specific issues related to pending orders or to quotations;
* ONLY FOR MISSIONS THAT SIGNED SLA: the lead time of five weeks RTS on the list of established forecasted items and was not respected.
* PORTAL:
	+ Identification of unknown codes in the portal catalog;
	+ Difficulty in passing the order online;
	+ Information and / or inconsistent information compared to other tools (e.g. catalog);
	+ Frequent Bugs;
* EXTRANET:
	+ The quality of information available on extranet is not satisfactory;
	+ For external clients (using extranet to enter orders): problems in passing the order on line;
	+ Frequent Bugs;

**3B- Examples of service claims concerning SHIPMENTS:**

* Transport documents missing or incorrect (AWB, invoice, cargo manifest, certificates, licenses transmission, ...);
* Transport documents delivered with delay;
* The green light of the mission was not respected;
* The transport mean requested by the field was not respected;
* The dispatch code requested by the mission was not respected;
* The Incoterms requested by the mission was not respected;
* Communication mistake during the management of the shipment: misinformation (eg communication error regarding the date, time, location), communication delayed (eg, the mission was warned at the last minute that the cargo was late) or missing (eg, the mission was not informed about severe changes concerning the shipment, ...);
* Constraints listed in the record Countries have not been met (eg, delivery of cargo documents);
* Split problem: the mission did not receive separate AWB for different categories of items shipped (keep cool, dangerous products, narcotics and psychotropic ...);
* No log tags in temperature-controlled shipment;
* Technical Support: the mission did not receive any reply on specific issues related to shipments or to quotations;
* ONLY FOR MISSIONS THAT SIGNED SLA: the transport planning has not been observed (without the green light of the mission);

**3C- Example of service claims concerning PRICE variations:**

* The price invoiced (of the item) is three times the price announced in the confirmed order.

**3D- Examples of claims concerning other services offered by KSU:**

* Issues concerning Claim service: delay in the acknowledgement of the receipt of the complaint; insufficient support,…
* Issues concerning the packaging and/or the labeling used by KSU: e.g., labeling unreadable or incorrect, the language of the labeling is not the good one, the packaging is not the one specifically requested by the field,…
* Issues concerning the Quality Alert and Batch Recall services: lack of support or misinformation concerning possible quality alerts and batch recalls,…
* Issues concerning the forecast process;