Customer Complaint Intake Form

Company Name	Date of Incident
Address Line 1	**First Name**
Address Line 2	**Last Name**
City, State	**Telephone**
Postal Code & Country	**Email Address**

Device Information & Reported Failure Description

Uscan / Kosmos Tablet Software Version	Product 1 Serial Number	Product 2 Serial Number	Product 3 Serial Number
	*	*	*
Describe the reported failure event with as much detail as possible, including troubleshooting attempts and results.			

Device Use & Patient Outcome Details

	YES	NO
Did a death or serious injury occur? If the response is YES, contact EchoNous at (844) 854-0800 x1 or email service@echonous.com as soon as possible.	☐	☐
Will the device be returned to EchoNous?	☐	☐
Would you like a support agent to contact you?	☐	☐

Submit this completed form in conjunction with supporting pictures or video clips relating to the failure event to service@echonous.com

To Be Completed by Warranty Consignment Centers Only

Serial Number of Failure Component Returning to EchoNous (Inbound)	Serial Number of Replacement Sourced from Warranty Consignment Inventory (Outbound)