



Welcome to Our Customer Complaints Portal Guide

Our online Complaints Portal is now available and should be used to report any product-related complaints.

Please complete the four steps outlined below. Fields marked with a red asterisk (*) are mandatory.

Once all four steps have been completed and you click **Submit**, the portal will generate and display a complaint reference number on the screen. You will also receive a confirmation email containing the complaint number, a summary of the complaint, and instructions for returning the product.

Step 1: Event Details

Enter the requested information. If a patient was involved, select "Yes" to display the additional fields required.

Choose the event type that best describes the reason for submitting the complaint. You can click the information icon ("i") to view a brief description of each event category. If the appropriate option is not listed, select "Other."

Please ensure that a concise description of the event is included.

Event Details	Product Details	Initial Reporter	Patient-User Details
<p>* Notification Date</p> <input type="text" value="6/16/2026"/>			Event Date <input type="text"/>
<p>* Country Occurred In</p> <input type="text" value="Select ..."/>			* Was a patient involved? <input type="text" value="Yes"/>
<p>* Discovered during</p> <input type="text" value="Select ..."/>			* Description of the event
			<input type="checkbox"/> Non-Integration <input type="checkbox"/> Loss of Integration <input type="checkbox"/> Peri-implantitis <input type="checkbox"/> Lack of primary stability <input type="checkbox"/> Excessive or Progressive Bone Loss <input type="checkbox"/> Infection <input type="checkbox"/> Screw Fracture <input type="checkbox"/> Implant Fracture <input type="checkbox"/> Abutment Fracture <input type="checkbox"/> Instrument Fracture <input type="checkbox"/> Does not assemble and/or disassemble <input type="checkbox"/> Screw Loosening <input type="checkbox"/> Does not seat <input type="checkbox"/> Other
<p>* Provide detailed description of problem </p> <input type="text"/>			* Patient Impact <input type="checkbox"/> No harm to patient, <input type="checkbox"/> Procedure completed with another device <input type="checkbox"/> Rescheduled Appointment <input type="checkbox"/> Other
<p>* Preclude permanent impairment? </p> <input type="text" value="Select ..."/>			Other Relevant Patient History <input type="checkbox"/> Bruxism/Clenching <input type="checkbox"/> Uncontrolled Systematic Diseases (diabetes, etc.) <input type="checkbox"/> Inadequate Oral Hygiene <input type="checkbox"/> Heavy Tobacco Use <input type="checkbox"/> Exposure to radiation and chemotherapy <input type="checkbox"/> None <input type="checkbox"/> Other
<p>* Bone density</p> <input type="text" value="Select ..."/>			Grafted information <input type="text" value="Select ..."/>
<p>Graft type</p> <input type="text" value="Select ..."/>			

Step 2: Product Details

Enter the reference number of the product being reported. A list of available lot numbers will be displayed; please select the appropriate one.

If the product reference or lot number is not available in the list, select "**N/A**". If this information is unknown, select "**Unknown**." In either case, please provide the product reference and/or lot number in the adjacent fields.

The replacement product information will be automatically populated based on the details entered. If a different replacement product is required, you may delete the prefilled reference and enter a new one.

If the complaint involves more than one product reference related to the same event/patient, click "**Add Additional Device**" in the upper right corner to include additional items.

You may also upload supporting photographs or radiographs using the upload field provided.

The screenshot shows a web form titled "Product Information" with the following fields and options:

- Product Number**: Search field with a magnifying glass icon.
- Product Lot Number**: Search field with a magnifying glass icon.
- Lot Number**: Text input field.
- Product Description if Unknown**: Text input field.
- Quantity**: Dropdown menu with "Select ..." option.
- Device Available for Evaluation?**: Dropdown menu with "Select ..." option.
- If no, explain**: Text input field.
- Replacement Product Requested**: Search field with a magnifying glass icon.
- Implant/Placement Date**: Text input field with a calendar icon.
- N/A or Unknown**: Toggle switch.
- Explant/Removal Date**: Text input field with a calendar icon.
- N/A or Unknown**: Toggle switch.
- Tooth Number**: Dropdown menu with "Select an Option" option.
- Destructive Analysis Permitted**: Dropdown menu with "Select ..." option.
- Enter Number**: Dropdown menu with "Select an Option" option.
- Attachment**: Section with an "Upload Files" button and "Or drop files" text.

At the top right of the form, there is a button labeled "Add Additional Device" with a trash icon.


Step 3: Initial Reporter

Enter your name and indicate your relationship with the patient. Provide the email address where you would like to receive confirmation of the complaint submission.

Enter your account name, account number, address information, and phone number

If the product was purchased through, or you work with, a distributor or subsidiary, select the appropriate option under **Relationship to Patient** and choose the Distributor/Subsidiary name from the drop-down menu to ensure they are notified of the complaint.



If additional information needs to be communicated to your distributor or subsidiary, please use the "Comments" field.

Event Details	Product Details	Initial Reporter	Patient-User Details
* Name 		* Relationship to Patient	
<input type="text"/>		<input type="text" value="Select ..."/>	
* Email Address		* Account Name	
<input type="text"/>		<input type="text"/>	
* Account Number		* Address	
<input type="text"/>		<input type="text"/>	
* City		State	
<input type="text"/>		<input type="text"/>	
* Zip Code		* Country	
<input type="text"/>		<input type="text"/>	
* Phone			
<input type="text"/>			

Step 4: Patient-User Details

Enter the Patient Identifier without including the patient's full name.

Once all required information has been provided, click the green "**Submit**" button to finalize and submit your complaint.

Event Details	Product Details	Initial Reporter	Patient-User Details
* Patient Identifier 		Age	
<input type="text"/>		<input type="text"/>	
Gender		Weight	
<input type="text" value="Select ..."/>		<input type="text"/>	
Weight Unit			
<input type="text" value="Select ..."/>			
<p>With respect to patient personal data, should the customer include such data on the PER form, the customer guarantees to: (i) ensure and document properly the appropriate lawful basis for such a disclosure; (ii) inform the data subjects about this circumstance, including the provision of the ZimVie Privacy Policy (you may access by visiting: www.zimvie.eu/en/privacy-notice.html); and (iii) share with us exclusively the information that is complete, accurate and strictly necessary to achieve our purposes of processing of this form. The customer will be the only one responsible in case of breach of said guarantees.</p>			
<input type="checkbox"/> I'm not a robot 			

The portal will then generate and display a complaint reference number on the screen. You will also receive a confirmation email containing the complaint number, a summary of the complaint, and instructions for returning the product.