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| <b>CUSTOMER COMPLAINT REPORT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         | <b>CCR No.</b>     |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         | <b>Date:</b>       | 18/4/2023 |
| <b>Customer:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Prosol UK Sales & Distribution Ltd      | <b>P.O.</b>        | n/a       |
| <b>File No.:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CID3541                                 | <b>Invoice:</b>    | n/a       |
| <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 14-16 Gleadless Road, Sheffield, S2 3AB |                    |           |
| <b>Product:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Shipping insurance                      | <b>Despatched:</b> | n/a       |
| <b>Serial No.(s):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n/a                                     |                    |           |
| <b>Manufacturer / Supplier</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Viamed / UPS service                    |                    |           |
| MHRA Risk assessment carried out <del>Yes</del> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                         |                    |           |
| <b><u>Nature of Complaint:</u></b><br><p>Unhappy that we are passing on the risk of shipping to the customer for goods being shipped from a UK address to a UK address when all their other suppliers ship goods at their own risk, and a that 1% insurance will further the necessity to increase prices yet again or to absorb this cost.</p> <p>Suggests that it would have been more sensible that Viamed would have taken responsibility and insured every shipment over a certain amount and applied an extra 1% increase to the products when they are costed to keep the insurance costs "hidden" with no reason to put the risk onto the customer.</p> <p>Has concerns that if a parcel did go missing, it would then be down to the customer to liaise with UPS to claim the money back creating an extra cost for them and taking up time filling in forms and chasing UPS for a refund.</p> <p>Also says that that they get better rates from UPS themselves for the volumes of parcels that they send than the £12+ vat being charged by Viamed.</p> <p>Proposed that we insure and take on the risk of any shipments sent to Prosol, taking into account their volume of business.</p> |                                         |                    |           |
| <b><u>Result of Investigation:</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                    |           |
| <b>Signed:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | <b>Date:</b>       |           |
| <b><u>Corrective Action:</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                         |                    |           |
| <b><u>External:</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                    |           |
| <b><u>Internal:</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                    |           |
| <b>Signed:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         | <b>Date:</b>       |           |
| <b>MHRA Informed?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | YES                                     | NO                 | QC 12     |