Customer Complaint Form (QF-23 Issue 1)



Section 1, Customer Data (Customer to Complete)

Date					
Contact/Name:					
Function/ Department:					
Company/Clinic:					
Address:					
Product Data (If applicable)					
Product Code:	<u>'l</u>				
Serial-No.:					
Product Description:					
1 Toddot Becomption.					
	<u> </u>				
0::4: 0 1::45:41					
Sec 1a - Complaint Details					
Complaint Defective F	Product Request of	of a Guarantee Report of an Incident			
(Please describe below)					
(i lease describe below)					
Sec 1b - Was there a risk for	or a person/patient resu	Iting by the use of the medical device?	Yes	No	
If <u>yes</u> , please describe risk (maybe the injuries):					
ii <u>yee</u> , piedee decembe new (may be the injuries).				
If yes: Date of the incident:					
If yes: Name of injured pers	on:				
		Yes, If yes, whom:			
If yes: Did you inform a pub	ic authority?	No			
		110			
Date :		Name:			
Dute .		radino.			

When finished, please click to save and send completed form to Quality@DeltaSurgical.co.uk

Registered Office: Unit 10 Evolution as shown right Delta Surgical Limited: Company No. 04154893 Registered in England & Wales List of Directors available at registered office

Fax: E-mail Web:

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Section 2, Delta Surgical Use Only

Complaint verified Yes No				
Complaint Reference (If applicable)				
Field Action Required (If not classified as Com	plaint) Yes No			
If yes, please detail action required:				
Action Required (Complaint) Yes No				
If yes, please detail action required:				
Corrective Action Required Yes No				
If yes, please detail action required:				
Actions agreed with manufacturer or authorised representative (If applicable)				
Product recall / advisory notice initiated	Yes No			
Approved by (Print)				
Approved by (Sign)				