

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:	
Serial-No.:	
Product Description:	

Sec 1a - Complaint Details			
Complaint	Defective Product	Request of a Guarantee	Report of an Incident
(Please describe below)			

Sec 1b - Was there a risk for a person/patient resulting by the use of the medical device?	Yes	No
If <u>yes</u> , please describe risk (maybe the injuries):		

If yes: Date of the incident:	
If yes: Name of injured person:	
If yes: Did you inform a public authority?	Yes, If yes, whom: No
Date :	Name:

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

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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 Complaint)	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)