

## Customer Complaint Report Form

Distributor's Name: \_\_\_\_\_

Customer's Name (reported by): \_\_\_\_\_

Date of complaint report: \_\_\_\_\_

Product's catalog No: \_\_\_\_\_

Product's description: \_\_\_\_\_

Lot Number: \_\_\_\_\_

Order No: \_\_\_\_\_

Date of event: \_\_\_\_\_

Quantity: \_\_\_\_\_

 Type of nonconformity:     Technical     Functional     Visual     Other \_\_\_\_\_

Complaint's details (please give as much details as possible):

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

 Is this the first complaint/incident with this product/patient?     Yes     No     Unknown

If "No" please describe other occurrences: \_\_\_\_\_

 \_\_\_\_\_

Products involved (including device name and its lot number):

 Implant: \_\_\_\_\_     Abutment/healing cap: \_\_\_\_\_

 Bone Graft Material/Membrane: \_\_\_\_\_

 Adapter/Key: \_\_\_\_\_     Other: \_\_\_\_\_

 Torque control device used:     Yes     No     N/A    Torque applied: \_\_\_\_\_ Ncm

 Disinfectant used:     Yes (type) \_\_\_\_\_     No     N/A

 Sterilization method (please elaborate): \_\_\_\_\_     No     N/A

 Detergent used:     Yes (type) \_\_\_\_\_     No     N/A

### **IMPORTANT:**

- Customer complaints should be reported as close as possible to the incident's occurrence date.
- Please attach all the devices involved.
- Product must be sterilized and disinfected prior to shipping.
- We are interested in comprehensive investigation of received complaints therefore submission of completely fulfilled form is kindly appreciated.