INCIDENT REPORT / COMPLAINT FORM

INNOMED, INC.

IF-720-014-B

REPORT TYPE (choose one)		DATABASE TRANSACTION #	CLOSURE DATE
INCIDENT REPORT REPAIR COMPLAINT			

DATE OF INCIDENT	DATE REPORTED BY CUSTOMER	DATE RECEIVED BY INNOMED	DATE ENTERED TO DATABASE
LOCATION OF INCIDENT	**REPORTED BY (NAME)**	**INNOMED REP WHO RECEIVED**	**COMPLAINT TYPE**
			← IF OTHER, EXPLAIN
CUSTOMER ACCOUNT #	**CUSTOMER PO #**	**ORIGINAL INVOICE #**	**INVOICE REPLACEMENT #**

CUSTOMER / COMPANY NAME	COUNTRY
CUSTOMER CONTACT NAME	PHONE 1
ADDRESS	PHONE 2

ADDRESS 2	EMAIL

CITY		STATE	ZIP

PRODUCT #	LOT #	DEVICE NAME

NATURE & DETAILS OF COMPLAINT OR INCIDENT

CORRECTIVE ACTION #	CORRECTIVE ACTION DUE DATE	STATUS OF COMPLAINT	FOLLOW UP DATE	MDR #

RESULTS OF INVESTIGATION

COMMENTS

REPLY TO COMPLAINT OR INCIDENT

Revison: A - Original
B - Added Repair under Report Type