



Appeal/Complaint/Dispute Documentation Form

Customer Complaint Sequential No. _____
Device Name _____ Model Number _____
Distributor _____
Name of Complainant _____ Phone Number _____
Complainant Address _____
Complaint Received by _____
Title _____ Date Received _____
By: Visit Phone Letter Sale Other

Complaint About

Defect _____
Labeling _____
Product Malfunction _____
Other (specify) _____
Comments/Description of Event _____

Attachments

Received By QA Officer _____ Date _____
Assigned To _____ Response Due _____
Instructions _____

Customer Evaluation

 Sequential No. _____

Device Name _____ Model Number _____
Date(s) Evaluation Performed _____
Evaluation Results _____
Copy of evaluation attached

Conclusions

Device Defective Device Failed to Meet Specifications Improper Use
Shipping Damage Repair Request
Other (specify) _____

Action/Reply To Complaint

None. Reason for no action _____
Recalled - Date _____ Spoke to _____
Referred to _____ for further investigation or correction
Notes:
Final Disposition _____
Review by: Quality Assurance _____ Date _____