|  |
| --- |
| **Date of discovery of the complaint:** |
| Click to choose date. |

|  |  |
| --- | --- |
| **Short description of the complaint** | |
|  | |
| **Complaint Author, name** | |
|  | |
| **The customers internal complaint number** |  |
| **Affected customer** |  |
| **Customer** |  |
| **Contact Person** |  |
| **Email address** |  |
| **Telephone number** |  |
| **Product Name** |  |
| **Serial number** |  |
| **Order number** |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 1**  **– To be filled out by the person who discovered the deviation and thereafter sent to** [complaint@sonestamedical.com](mailto:complaint@sonestamedical.com) | | | | | | | | |
| **Description of the complaint:** | | | | | | | | |
| What has happend? How was it discovered? | | | | | | | | |
| **Description of corrective action:** | | | | | | | | |
| What was done in connection to the discovery? | | | | | | | | |
| **Has any patient or user been injured in connection with the complaint?** | | **Yes** | | **No** | | **Description of the injure:** | | |
|  | |  | | Describe the injure? | | |
| **Potential cost:** | Click to add cost. | | **Date:** | | Click to add date. | | **Name:** | Click to add name. |
|  |  | |  | |  | |  |  |

## Feedback to customer

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Feedback given by** | | | | **Feedback date** | |
|  | | | |  | |
| **Performed feedback to customer** |  | **Yes** |  | | **No** |
| **Feedback (or add enclosure)** | | | | | |
|  | | | | | |

## Complaint closed

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quality Manager** | | **Signature** | | | | **Date** |
|  | |  | | | |  |
| **Complaint closed** |  | | **Yes** |  | **No** | |
| **Comment** | | | | | | |
|  | | | | | | |