|  |
| --- |
| **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 |
| **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** |
|  |