MEDI PLAST®	Complaint - / Service Form	***Case ID***
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Customer Contact Information

Name (company, clinic etc.)		Department
Address		
Contact person	Phone	E-mail
Send reply to contact person according to above address: ☐ Yes ☐ No		
Send information/reply also to: E-mail		
Send information/reply also to: E-mail		

Event description

Complaint ☐ **Service** ☐	Product information	Product no.
Lot/serial no.	Number of defect products:	Order no.
Products sent in return ☐ Yes ☐ No	Datum	Reimbursement ☐ Yes ☐ No

Event / Error description

Event discovered ☐ Before use ☐ During use ☐ After use		
Event date:	Reported date:	Attachment/Photo ☐ Yes ☐ No
Description		

Severity – Harm to patient or user

Did the event cause harm or serious deterioration of health or would it if recurred
☐ No ☐ Yes If yes, in which way was there any effect on the patient or user

Please send the form when completed to:

Complaint e-mail: QA@mediplast.com
Service / Repair e-mail: Repair@mediplast.com

This section is completed by Mediplast QA	
Reklamation ☐ Ja ☐ Nej *Motivera vid Nej*	Mottaget *Datum*
Skickat ersättning ☐ Ja ☐ Nej	
	Ärende stängt *Datum / Signatur*
Produkt i retur ☐ Ja ☐ Nej	