INNOMED, INC.

INCIDENT / COMPLAINT / REPAIR FORM

IF-720-014-D

REPORT TYPE (choose one)	
☐ INCIDENT REPORT	☐ REPAIR
☐ COMPLAINT	

All fields with BOLD TITLE must be filled for the SUBMIT TO INNOMED button to email the form to Innomed. See button at the bottom of this form.

DATABASE TRANSACTION #	CLOSURE DATE

Incidents/Complaints will be held open for 30 days. Innomed must receive the device in order to conduct an evaluation or investigation. If Innomed does not receive the device of the complaint within 30 days, the Incident/Complaint will be closed.

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

Please provide the PO, sales confirmation, packing slip, or invoice number of the orignal purchase

CUSTOMER ACCOUNT #	CUSTOMER PO #	ORIGINAL INVOICE #	INVOICE REPLACEMENT #

CUSTOMER CONTACT NAME	**EMAIL**

COMPANY NAME	**PHONE 1**
ADDRESS	PHONE 2
ADDRESS 2	CUSTOMER'S COMPLAINT # or CUSTOMER PART #

CITY	**STATE**	**ZIP / POSTAL CODE**	COUNTRY

PRODUCT #	**LOT #**	DEVICE NAME

NATURE & DETAILS OF COMPLAINT, INCIDENT, or REPAIR

********** *Innomed to complete the fields below* **********

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

RESULTS OF INVESTIGATION

COMMENTS

REPLY TO COMPLAINT OR INCIDENT

Submit to Innomed