



INNOMED, INC.

INCIDENT REPORT / COMPLAINT FORM

IF-720-014-B

REPORT TYPE (choose one)		DATABASE TRANSACTION #	CLOSURE DATE
INCIDENT REPORT	REPAIR		
COMPLAINT			

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

CUSTOMER / COMPANY NAME		COUNTRY	
CUSTOMER CONTACT NAME		PHONE 1	
ADDRESS		PHONE 2	
ADDRESS 2		EMAIL	
CITY		STATE	ZIP
PRODUCT #	LOT #	DEVICE NAME	

NATURE & DETAILS OF COMPLAINT OR INCIDENT				

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

RESULTS OF INVESTIGATION

COMMENTS

REPLY TO COMPLAINT OR INCIDENT

Revision: A - Original
 B - Added Repair under Report Type