INNOMED, INC.

INCIDENT REPORT / COMPLAINT / REPAIR FORM

IF-720-014-C

REPORT TYPE (choose one)		*Download form & complete as many fields as you can, then click on **Submit to Innomed** button at bottom of this form*	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 (choose one)
			← 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, INCIDENT, OR REPAIR

*** Innomed to complete fields below ***

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

RESULTS OF INVESTIGATION

COMMENTS

REPLY TO COMPLAINT OR INCIDENT