**Complaint**  ***To be filled out by the customer:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of incident:** | | | **Date of report to Hammarplast Medical:** | | |
| **Customer:** | | | **End user:** | | |
| **Title and name of customer contact:** | | | **Title and name of end user contact:** | | |
| **Address:** | | | **Address:** | | |
| **City/Country:** | | | **City/Country:** | | |
| **Telephone no:** | **Fax no:** | | **Telephone no:** | | **Fax no:** |
| **E-mail address:** | | | **E-mail address:** | | |
| **Customer complaint no./Warranty claim no:** | | | **Vigilance report to MPA:**  ** Yes  No** | | |
| **Nature of conformity:**  ** Death**  ** Serious injury** | | ** Patient Safety**  ** User Safety** | | ** Malfunction**  ** Labelling**  ** Other** | |
| **Article number:** | | **Article name:** | | | |
| **Serial number (if applicable):** | | **Batch number (if applicable):** | | **Order/Invoice number (if applicable):** | |
| **Defected quantity:** | | | **Delivery date:** | | |
| **Describe the incident when the error was discovered. IMPORTANT NOTICE; risk for patient/user harm?** | | | | | |
| ***I declare that returned products are properly cleaned and free from hazardous chemicals or blood residues. I understand that if product arrives at Hammarplast Medical AB contaminated and/or not properly cleaned, it will be returned on my expense for decontamination and/or cleaning.*** | | | | | |
| **Customer signature and date:** | | | | | |

Mail this report to: [ac.johansson@hpm.se](mailto:ac.johansson@hpm.se) or include with returned product to Hammarplast Medical AB:

Kartåsgatan 8, 531 40 Lidköping, Sweden (disposables, tablet crushers, cuffs, tourniquets)

Västberga Allé 36B, 126 30 Hägersten, Sweden (chisels)

Västra vägen 10, 330 10 Bredaryd, Sweden (custom owned products)

Betooni 9A, 114 15 Tallinn, Estonia (custom owned products)