**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)

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

Söstramäe 8, 114 15 Tallinn, Estonia (custom owned products)