**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 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)