Complaint Registration Form

Developed By P-I Brånemark

Please send completed form by e-mail to support@pibranemark.com

Country		**CR#** (P-I internal use)	
Submission Date			
Prepared by			
E-mail		**Phone**	
Sales Responsible			

◯ **Product Complaint** ◯ **Service Complaint**

1. Is this complaint an adverse event?

(Was the patient injured or at risk of injury? If yes, please explain in the brief description field below)

Yes	No
◯	◯

2. Brief Description of Complaint

3. Involved Products

REF	Description	LOT	Quantity

4. Event

Date of Event		**Date of Awareness**	
Occurrence Details			
Preceding or Contributing Events			
Additional Information			

5. Clinician Information

(When applicable)

Name	
E-mail	
Phone	
Patient Number (Please do not insert patient personal information)	

6. Product Sample

a) Physical sample present?

Yes	No
◯	◯

b) Sample in original packaging?

Yes	No
◯	◯

c) If out of original packaging, cleaned, disinfected and sterilized?

Yes
◯

d) Detailed information about method of cleaning, disinfection and sterilization:

Important: Please do not return parts without prior formal approval from P-I Customer Service. Returned parts must either be in untampered original packaging or have been appropriately cleaned and sterilized before return.

7. Attachments

(Please list and name all images and files)

File Name	Content

Note: Completion of this form does not constitute an admission that medical personnel, distributor, manufacturer, or product caused or contributed to the occurrence.

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8. Customer Report

(P-I internal use)

Responsible Area _____ **Response Date**