

	Customer complaint form	
	Document ID: F-06-1	Revision: XX
		Date of issue: DD.MM.YYYY

Identification of nonconforming product			
Medical device ☐		Biocide ☐	
Product name:			
LOT number:			
Packaging size and quantity of nonconforming products (example: 250ml / 3 pcs)			
Customer information			
Customer name			
Order ID / Delivery note ID			
Person who noticed a nonconformity:		Date:	
Description of nonconformity:			

Patient information in case of suspected adverse effect (AE)			
Gender	☐ male ☐ female ☐ divers	Initials:	
Date of birth			
Reason for the use of product			
Further person affected	☐ Yes ☐ No	If yes, how many?	
Contact details of involved physician	<i>name / address / e-mail / phone / fax</i>		
Progress of adverse event	<i>Description</i>		
	Life threatening? ☐ Yes ☐ No		

	Customer complaint form	
	Document ID: F-06-1	Revision: XX
		Date of issue: DD.MM.YYYY

Following action taken		surgical intervention
		hospitalisation
		prolongation of hospitalisation
		none of them
Final outcome of the AE		unknown
		recovered
		not yet recovered
		irreversible damage
		Death (date): _____
Further information relevant for case evaluation	<i>underlying diseases (e.g. allergy, skin diseases), pregnancy, concomitant medication, laboratory data, test results (if applicable, use attachment)</i>	
Who was informed		manufacturer
		Swissmedic
		EUDAMED
		EU representative
		Other

[job title]

[name]

[signature]

NOTE: Please fill the form and send to: complaints@ejsolutions.ch

Personal data submitted through the complaint form will be processed by EJ SOLUTIONS SA for the investigation, documentation and handling of the complaint and, where applicable, to fulfil product-safety, quality, vigilance and regulatory obligations. Please provide only information necessary for the assessment of the complaint and avoid including personal or health information about third parties unless it is necessary and you are authorised to provide it. Further information is available in our Privacy Notice.