

Complaint Report from (please fill in date):

Date of incident:	
Complaint by phone, mail, other:	

Hospital:	
Address:	

Responsible physician:	
Contact details:	

Dealer and sales rep in charge:	
Contact details:	

Art-no.:	
Lot.:	

Reason for complaint/description (pls. also attach pictures if possible):

Product returned to Möller?	
If yes, how many / when? If no, why?	

Was product used in patient?	
yes / no / not known	

Is product contaminated?	
If yes, is it labelled accordingly?	

Was patient injured?	
yes / no / not known	

Kind of procedure/indication?	
Kind of technique?	

Action taken by dealer?	
If yes, what (e.g. replacement)?	