# Product quality complaint form

Please forward the completed form at:

**E-mail**: ipi_pharmacovigilance@imagingproductsindia.com

Or contact the **IPI Pharmacovigilance team** at: +91 18002700397

| **Reporter's Details** | |
|---|---|
| **Name:** | **Qualification:** |
| **Address:** | |
| **E-mail:** | **Telephone:** |

| **Product Quality Complaint** | |
|---|---|
| **Date of complaint:** | |
| **Product name:** | |
| **Product Lot/Batch No.** | **Product strength:** |
| **Expiry date:** | **Product sample available (yes or no):** |
| **Description of Product complaint:** | |