



FAX: 905 513 1199 or Email: sales@elimedical.com

Product Quality Complaint Form

Report Date/Time:

Report from(Your name):		Email:	
Phone:		Fax:	
Clinic /address:			
Product Code:		Lot Number:	

Please Report Your Complaint and Any Further Observations:

Empty text area for reporting the complaint and observations.

Your Concerns about this Elimedical Product : Minor or major defects found; Failure of product function; Obvious high risks; Led to injure or death?

Empty text area for describing concerns about the product.

How soon do you want us to respond: Normal, Urgent, Right Now?

Your suggestions /What Actions we should take:

Empty text area for suggestions and actions.

For Staff Only

Received by Elimedical Staff:

Date/Time of Receipt:

Preliminary Evaluation: Investigation required/Improvement opportunity/Product non-conformity/Mandatory report/Recall

Empty text area for preliminary evaluation.

Actions/Decisions: Listen carefully; Product return or Free replacement; Corrective action and Preventive action required; Mandatory report required if death or serious consequence occur; Recall

Empty text area for actions and decisions.

Root Cause:

Empty text area for identifying the root cause.

Results/When Elimedical provides satisfactory answer to client:

Empty text area for reporting results.

Case Closed/Verification of Effectiveness:

Empty text area for case closure and verification.