



000119073

S1 PRODUCT COMPLAINT

Please complete this form using a **BLACK PEN** and **BLOCK CAPITALS**.
*** Denotes a mandatory field.**

Forward to HSS Health Procurement, Contract Management by **FAX** or **POST**.
Note: This printable version of the form must not be emailed.

(A) REPORTER DETAILS :

*Name: <input type="text"/>	*Position Title: <input type="text"/>
*Department: <input type="text"/>	*Hospital: <input type="text"/>
*Email: <input type="text"/>	*Phone: <input type="text"/>
	*Date: (dd/mm/yyyy) <input type="text"/>

(B) PRODUCT DETAILS :

*Product Description: <input type="text"/>	
*Brand Name: <input type="text"/>	Company Name: <input type="text"/>
*Supplier Part Number: <input type="text"/>	Batch Number: <input type="text"/>
Catalogue/Stock Number: <input type="text"/>	

(C) COMPLAINT DETAILS :

Note: Do not discard the product, if contaminated place the item in a sealed container and retain.

*Is faulty product available for investigation? Yes No

*Is faulty packaging available for investigation? Yes No

*Quantity of product affected:

***Product Performance:**

<input type="checkbox"/> Performance needs improvement	<input type="checkbox"/> Fault is probably isolated to an item or batch	<input type="checkbox"/> Further training required
<input type="checkbox"/> May injure patient/staff	<input type="checkbox"/> Will injure patient/staff	<input type="checkbox"/> Has injured patient/staff

*Risk Rating: (potential impact on the patient or user) High Medium Low

*Describe the complaint or concern you have with the product:

Please return this form to HSS Health Procurement, Contract Management via FAX on 6444 5199

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(D) HSS HEALTH PROCUREMENT :

*Reference Number:

*Date Received: (dd/mm/yyyy)

Contract Item: Yes No

Contract Number:

Contract Name:

Investigation notes, actions and notification: *(please date every entry)*

Database Updated:

 Yes No

Letters Required:

 Supplier TGA Contracts Not required

Items To Be Recalled:

 Yes No Batch All Products

Follow up action if no response received from supplier: