



COMPLAINT FORM

AdvancedBionics.com

Does it involve a Replacement of a Sound Processor or an Accessory? If Yes, please fill out the AB International Service Form.* This form is intended for **Clinicians and Professionals. If you are a patient, please contact Advanced Bionics International at Complaint.Management@AdvancedBionics.com. You may also send a fax to +41 58 928 78 91, call +41 58 928 78 78 (7:00 a.m. to 7:00 p.m., CET Central European Time, Monday–Friday) or contact your local AB office or Clinical Specialist.*

Report Details **Please note that ALL Fields are MANDATORY**

Reported By: Professional Patient Center Other

Name:

Address:

City: Postal Code: Country:

Phone: Email:

Patient Details

Affected Patient Name:

Serial Number: Product Name or Model Number:

Ear: Left Right Unknown

Complaint Details

Involve Potential Device Explant: Yes No Unknown

Date First Aware: (DD/MM/YYYY) Today's Date: (DD/MM/YYYY)

Description/Comments:
**if needed, please fill out the additional attached page*

Product Category:

<input type="checkbox"/> Accessory	<input type="checkbox"/> Battery/Charger	<input type="checkbox"/> Cable
<input type="checkbox"/> Clinician Programming Equipment	<input type="checkbox"/> Headpiece	<input type="checkbox"/> Implantable Cochlear Stimulator
<input type="checkbox"/> Medical/Surgical	<input type="checkbox"/> Patient Related	<input type="checkbox"/> Service
<input type="checkbox"/> Software Programming	<input type="checkbox"/> Sound Processor	<input type="checkbox"/> Surgical Equipment <input type="checkbox"/> Other

All complaints MUST BE reported within 4 BUSINESS DAYS. Thanks for your cooperation.

