



## Appeal/Complaint/Dispute Documentation Form

**Customer Complaint** Sequential No. \_\_\_\_\_  
 Device Name \_\_\_\_\_ Model Number \_\_\_\_\_  
 Distributor \_\_\_\_\_  
 Name of Complainant \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Complainant Address \_\_\_\_\_  
 Complaint Received by \_\_\_\_\_  
 Title \_\_\_\_\_ Date Received \_\_\_\_\_  
 By: Visit Phone Letter Sale Other

### Complaint About

Defect \_\_\_\_\_  
 Labeling \_\_\_\_\_  
 Product Malfunction \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 Comments/Description of Event \_\_\_\_\_  
 \_\_\_\_\_

### Attachments

Received By QA Officer \_\_\_\_\_ Date \_\_\_\_\_  
 Assigned To \_\_\_\_\_ Response Due \_\_\_\_\_  
 Instructions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Customer Evaluation

 Sequential No. \_\_\_\_\_

Device Name \_\_\_\_\_ Model Number \_\_\_\_\_  
 Date(s) Evaluation Performed \_\_\_\_\_  
 Evaluation Results \_\_\_\_\_  
 Copy of evaluation attached

### Conclusions

Device Defective                      Device Failed to Meet Specifications                      Improper Use  
 Shipping Damage                      Repair Request  
 Other (specify) \_\_\_\_\_  
 \_\_\_\_\_

### Action/Reply To Complaint

None. Reason for no action \_\_\_\_\_  
 Recalled - Date \_\_\_\_\_ Spoke to \_\_\_\_\_  
 Referred to \_\_\_\_\_ for further investigation or correction  
 Notes:  
 Final Disposition \_\_\_\_\_  
 Review by: Quality Assurance \_\_\_\_\_ Date \_\_\_\_\_