Cooper Surgical Healthy women, babies, and families™	**Customer Complaint Form** (Reports for complaints, warranty claims and adverse events)	FormQAR-036 Revision B

Date of this Report:	**Alleged Incident date:**	
CUSTOMER DETAIL		
Account Name:	***Account #:***	
Facility Name:		
Facility Address(Billing):	***Country:***	***Zip:***
Shipping Address:		
Reporting Person's Telephone #:	***E-mail Address:***	
Reporting Person's Name and Title: (i.e. Doctor, Nurse, Clinician, Health Care Professional, Patient, Other)		
Customer Letter with Investigation Results required? ☐ ***Yes*** ☐ ***No***		

PRODUCT DETAIL	
Product/Part Name:	***Product being Returned?*** ☐ ***Yes*** ☐ ***No*** If not, why?
Catalog/Part Number:	☐ ***Original Part or*** ☐ ***Replacement?***
Lot/Serial Number:	☐ ***Credit or*** ☐ ***Replacement?***
Quantity:	***Technical Service Needed?*** ☐ ***Yes*** ☐ ***No***
Unit Of Measure: ☐ ***Box*** ☐ ***Carton*** ☐ ***Single Unit or Eaches***	***Technical Service Report available?*** ☐ ***Yes*** ☐ ***No*** ***If Yes (please attach)***
Purchase Order/ Invoice #:	***Warranty Claim?*** ☐ ***Yes*** ☐ ***No***
Date of Installation:	

REPORTED QUALITY ISSUE / INCIDENT DETAIL
Type of Incident: ☐ Product Complaint ☐ Repair ☐ Service or Install ☐ Out of Box Failure ☐ Mislabeled Product ☐ Shipping Damage ☐ Distribution Center Error ☐ Customer Dissatisfaction
Incident Details Surrounding Event:
Did the incident occur before, during, or after a procedure? ☐ Before ☐ During ☐ After
Procedure Details/Test Performed:
Patient, Gamete, Embryo, or End User Involvement?
Any patient injury or impact to the gamete or embryo?
Medical or Procedural intervention?
Patient/Gamete/Embryo Status:
Is this an isolated or ongoing event (if ongoing, please provide separate reports for each event)?
Photographs or images of the reported event (please attach):
Additional information:

Submit Form