



Customer / Product Complaint Summary

Date Reported:
Person completing this form:
Person filing Complaint; Name, Address, Phone and HIC #
Relationship to organization: (e.g. Patient)
Summary of the Complaint:
Reviewed by:
Recommendations for action:
Corrective Actions :(please note all actions and conversations, along with dates)
Final Resolution:
Response to Customer: (Written within 14 days)