

<b>Control #:</b>	300.MCPM.023.002		
<b>Rev. Level:</b>	C	<b>Eff. Date:</b>	Jul 13, 2016
<b>Page:</b>	1	of	1

<b>COMPLAINT SUBMISSION FORM</b>		<b>INCIDENT DATE</b>	<b>DATE COMPLAINT REPORTED</b>
<b>INDIVIDUAL REPORTING COMPLAINT</b> Name: Job Title:		<b>REPORTING INDIVIDUAL'S TELEPHONE #</b> ( ) - ,ext. _____	<b>REPORTING INDIVIDUAL'S E-MAIL ADDRESS</b>
<b>COMPLAINT SOURCE (Individual who identified issue, if different than individual reporting complaint)</b>		<b>COMPLAINT SOURCE'S TELEPHONE #</b> ( ) - ,ext. _____	<b>COMPLAINT SOURCE'S E-MAIL ADDRESS</b>
<b>LOCATION OF INCIDENT:</b>  Clinic Name: _____ Clinic Address: _____ (City, State) _____ (Country, Zip) _____		<b>SALES ORDER # OF DEVICE/PART ASSOCIATED WITH COMPLAINT/INCIDENT</b>	<b>DATE DEVICE/PART WAS PUT INTO SERVICE</b>
<b>DEVICE NAME (Upper Level/Finished Device, e.g., 23G, Millenium, WRO 300, CWP, 4400M, PSDS, MCB212, etc.)</b>	<b>DEVICE MODEL #</b>	<b>DEVICE'S LOT/SERIAL #</b>	
<b>PART NAME (e.g., motor, membrane, switch, etc.)</b>	<b>PART NUMBER</b>	<b>PART'S LOT/SERIAL #</b>	
<b>REASON FOR COMPLAINT (Attach more sheets as necessary – BE SPECIFIC)</b>			
<b>IMPACT OF FAILED PART ON OTHER COMPONENTS AND/OR DEVICES (if any)</b>			
<b>REMEDIAL ACTION/REPAIRS ALREADY TAKEN (If any)</b>			
<b>IMPACT ON PATIENTS OR PERSONNEL (If any)</b>			

**NOTE(S):**

- PLEASE LIMIT COMPLAINT TO ONE ISSUE PER FORM. SUBMIT MULTIPLE COMPLAINT FORMS, AS APPROPRIATE
- OUR COMPLAINT HANDLING/SUBMISSION PROCESS HAS CHANGED. PLEASE SEND TO
  - FAX: 763-210-3868, OR
  - EMAIL: techserv@mcpcor.com

Complaint Number Assigned by Mar Cor Purification: