

**COMPLAINT SUBMISSION FORM**

<b>REPORTING INDIVIDUAL</b> Name:	<b>INCIDENT DATE</b>	<b>DATE COMPLAINT REPORTED</b>
<b>REPORTER'S TELEPHONE #</b> (    )    -    ,ext. _____	<b>REPORTER'S E-MAIL ADDRESS</b>	
<b>COMPLAINT SOURCE (Individual who identified issue)</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</b>    <b>DATE DEVICE/PART WAS PUT INTO SERVICE</b>
<b>DEVICE NAME (Upper Level/Finished Device, e.g., EON, Millenium, WRO 300, CWP, Hemofilter, 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):**

1. PLEASE LIMIT COMPLAINT TO ONE ISSUE PER FORM. SUBMIT MULTIPLE COMPLAINT FORMS, AS APPROPRIATE
2. OUR COMPLAINT HANDLING/SUBMISSION PROCESS HAS CHANGED. PLEASE SEND TO
  - FAX: 763-210-3868, OR
  - EMAIL: [technicalservice.marcor@evoqua.com](mailto:technicalservice.marcor@evoqua.com)

Complaint Number Assigned by Mar Cor: