



# CUSTOMER COMPLAINT INTAKE FORM

Fields marked \* are mandatory for a successful investigation

<b>Medicareplus Complaint Reference Number (to be assigned by QA)</b>	
<b>COMPLAINT ORIGINATOR / CUSTOMER DETAILS</b>	
<b>*Method of Customer Contact:</b>	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post
<b>*Date of Contact:</b>	
<b>*Name of Complainant:</b>	
<b>*Job Title and Department of Complainant:</b>	
<b>Medicareplus Response Method:</b>	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Post
<b>*Address of Complainant:</b>	
<b>*Contact Telephone No:</b>	
<b>*Contact Email:</b>	
<b>*Usage:</b>	<input type="checkbox"/> Home Use <input type="checkbox"/> Clinic <input type="checkbox"/> Other, give details -
<b>*Device Operator at Time of Event:</b>	<input type="checkbox"/> User <input type="checkbox"/> Patient <input type="checkbox"/> Healthcare Professional
<b>PRODUCT INFORMATION</b>	
<b>*Product Code:</b>	
<b>*Product Description:</b>	
<b>*Lot / Batch Number/s:</b>	
<b>Number of identical events with the same Lot / Batch Number:</b>	<input type="checkbox"/> Unknown If known please specify number:
<b>*Expiry Date:</b>	
<b>*Quantity:</b>	
<b>Place of Purchase:</b>	
<b>*Reason for the Complaint:</b>	
<b>Any unexpected consequences?:</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, give details -
<b>Product Available for Return?</b> <i>For Medi Peak Flow Meters ask for the meter to be returned to Medicareplus wherever possible.</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Photographic Evidence Available?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Has the product been used?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, is it a biohazard (contaminated)? Give details -



# CUSTOMER COMPLAINT INTAKE FORM

**For Medi Peak Flow Meters only**  
**Did issue occur at first use of the meter?**

- Yes
- No, After what period of use issue occurred? -

**Were there any signs of damage or deterioration of the meter prior to the issue being detected?**

- No
- Yes, give details –

## PROCEDURE INFORMATION

**Procedure Name:**

**Procedure Date:**

**Procedure Outcome:**

- Completed with this device / pack
- Completed with another device / pack
- Completed with a different device / pack
- Aborted due to this event
- Aborted due to same device / pack unavailable
- No information available
- Aborted due to another reason

Reason:

**Time of Event:**

- |   |   |
|---|---|
| <input type="checkbox"/> Unpacking        | <input type="checkbox"/> Withdrawal               |
| <input type="checkbox"/> Preparation      | <input type="checkbox"/> Procedure Closure        |
| <input type="checkbox"/> Introduction     | <input type="checkbox"/> Post Procedure           |
| <input type="checkbox"/> During Procedure | <input type="checkbox"/> No information available |

**\*Date of the Incident:**

**\*Location of the Incident:**

(e.g: Northern Ireland, England, Republic of Ireland, etc)

**\*Did the event lead to complications for the user or patient which required medical intervention?**

- |                                       |                                  |
|---------------------------------------|----------------------------------|
| <input type="checkbox"/> No           | <input type="checkbox"/> Yes     |
| If Yes, <input type="checkbox"/> User | <input type="checkbox"/> Patient |

**\*If Yes, please provide details of methods of medical intervention required:**

**\*Any alleged injuries, hospitalisation, GP referral or deterioration to health reported?:**

- No
- Yes, give details -

**\*Competent Authority Notified?**

- No
- Yes

**\*Date Reported:**

**\*Competent Authority Reference:**

## COMPLETED BY

**\*Name:**

**\*Job role:**

**\*Signature:**

**\*Date:**

Please forward the completed Customer Complaint Intake Form along with any samples as soon as possible to:  
Quality Assurance, Medicareplus International Ltd, Chemilines House, Alperton Lane, Wembley, Middlesex,  
HA0 1DX, United Kingdom. Email: [qa@medicareplus.co.uk](mailto:qa@medicareplus.co.uk)