inomed

Complaint Questionnaire

Dear Sir/Madam,

thank you for your message. We are sorry to hear about the dissatisfaction with one of our products. In order to proceed with your enquiry as quickly as possible, we will need further information from you. We therefore request that you complete the following questionnaire in detail and return it to service@inomed.com as soon as possible. Following your reply, we will process your complaint and respond in a timely manner.

Thank you for your time and understanding.

Contact details	
Facility / Office or Hospital name:	
Street:	
ZIP-code/city:	Country:
Surname, first name:	
Phone number:	
E-Mail:	
Details to product identification	
Article number / REF:	☐ Software
SN / LOT:	
Software-version: *To be filled in if the 'Software' checkbox has been marked.*	

1. Fault description

Please describe the fault in as much detail as possible.

If possible and where available, please send additional documentation, such as pictures, log entries, and log files.

2. When did the fault occur?		**Date:**
☐ during transport	☐ during the procedure preparation	☐ during reprocessing
☐ during unpacking	☐ during the procedure	☐remarks: _____

3. How often does the error occur?		
☐ always	☐ intermittent	☐ one-time
☐ after ___ min	☐ after ___ h	☐ daily approx. ___ /x times
☐ Remarks: _____		

4. Please describe the procedure in as much detail as possible
Which devices (including third-party devices such as RF generators) and accessories were used (if applicable, small schematic with electrode placement)?
What type of procedure was it and during which action did the fault happen?

5. Information about reusable accessories
How many application cycles have the accessories already been used? Please let us know the reprocessing parameters used.

6. Have patients, users or third parties been harmed?

☐ Patient ☐ User ☐ Third ☐ Nobody was harmed

If someone has been hurt, please describe their injuries:

7. Was the procedure cancelled or extended as a result of the complaint?

☐ Cancellation of the procedure ☐ Extension of the procedure (if yes, ___ min.) ☐ No impact

☐ Further/new treatment/surgery
  If yes, which one: _____

8. Was the complaint already reported to the authorities?

☐ No ☐ Yes

If yes, case number / name of authority: _____

Will the device / accessories be returned to inomed Medizintechnik?

☐ Yes ☐ No, remarks: _____

Note:

Please mark the returned goods clearly as a complaint and ensure that they can be identified in case of contamination. Please do not sterilise disposable products before sending them in.

Return address:

inomed Medizintechnik GmbH

Attn: Service-Department

Im Hausgrün 29

79312 Emmendingen

Confirmation of information by customer/contact person:
Date, signature: