Customer Feedback Form

Incoming Report of Customer Feedback Record the following and forward to QA/RA	
Date Ensemble Received Feedback:	
Reporter Name:	
Reporter Contact Information:	
Name of Contact for Follow Up:	
Summary of Feedback: Record all communication with the feedback reporter(s) and the dates the feedback was received. Attach and record all associated written documentation	
Initial Feedback Recorded By:	
Date Recorded:	

To be completed by Quality:

Date Received by QA (initial and date):			
Does this feedback meet the definition of a complaint? *"Any written, electronic, or oral communication that alleges deficiencies related to the identity, quality, durability, reliability, usability, safety, effectiveness, or performance of a device after it is released for distribution or related to a service that affects the performance of such medical devices"*		☐ Yes ☐ No	
If YES, this feedback is a Complaint. Assign a Complaint Number, open a Complaint Investigation and make an MDR determination. If NO, this feedback is NOT a Complaint. Forward the feedback to the appropriate department and close the feedback file.			
Complaint #:			
QA/RA Name & Signature		**Date:**	