

CUSTOMER COMPLAINT FORM

Case#:

Customer Information

Full Name: _____ Today's Date: _____
 Street Address: _____ Apt. _____ Purchase Date: _____
 City: _____ State: _____ Zip: _____ Order #: _____
 Phone: _____ Email: _____

Product Information

Product Name: _____ Model #: _____ Lot #: _____

Complaint Details:

[Empty text box for Complaint Details]

Thank you for reporting your complaint, please email this form to info@amenityhealth.com
If you have other questions or wish to speak to a representative, please call 800-610-1607

This section is for use by Amenity Health only.

Device specification that was not met (if any): _____

Is the device directly attributed to the adverse event reported? Explain why or why not.

[Empty text box for device attribution explanation]

Does this complaint require reporting according to FDA Part 803, if not, please state why?

[Empty text box for FDA reporting requirement]

Date of investigation: _____

Summary of investigation results:

[Empty text box for investigation summary]

List corrective action taken (if any):

[Empty text box for corrective action]

Record response or further communication with complainant (include date of response):

[Empty text box for response/communication]