



1300 E. Bidwell St. Suite 105
Folsom, CA 95630
(916) 850-0132

Issue Report Form

Company Name: _____

Address: _____

Contact Name: _____

Contact Phone: _____ **Contact Email:** _____

Product Name(s): _____

(List Product Name/Model # and Sku)

Quantity Purchased: _____

Purchase Date: _____

Describe Issues Found(If applicable, please include photos or supporting documents): _____

Describe the impact of the issues found: _____

Were the issues persistent in more than one lot? Y / N (Please circle)

Indicate which lot(s) of the products/parts affected: _____

Please describe anything your team has done to troubleshoot and remedy the issue at hand (This will help us to better identify the root cause of the problem):

Additional information or observations about the issue: _____

Please list anything we can do at this time to improve your experience: _____

Please indicate how you would like us to resolve the issue:

Product Replacement

Correct issue in future manufacturing

Alternative Product/Model

Other (Please Specify)

If the Product was dispensed to a patient, please let us know if the patient filed a complaint about the same issue you are reporting: _____

By submitting this form, I confirm that the information provided above is accurate to the best of my knowledge. I understand that this report will be handled in accordance with ISO 9001 standards.

Signature: _____ **Date:** _____