Product Complaint Reporting Form

| Section 1.0: Contact Information | |
| --- | --- |
| Account Number |  |
| Account Name (from SAP/SFDC) |  |
| Reporter Name/Title |  |
| Additional Contact Name/Title |  |
| Point of Contact for Follow-up |  |
| Email Address |  |
| Phone Number |  |
| Address |  |
| Does Customer Require Investigation Response? |  |

| Section 2.0: Incident Information | |
| --- | --- |
| BD Awareness Date | *Click or tap to enter a date.* |
| Date of Event | *Click or tap to enter a date* |
| Country Event Occurred |  |
| Describe Customer Concern, Details of Event including how the issue was resolved |  |
| When was issue detected? | *Choose an item.* |
| Was affected product used on a patient? | Yes  No |
| Was there any impact to a Patient, HCP, User or Other? | Yes  No |
| If Yes, who was impacted? | *Choose an item.*  If other, please specify: |
| Describe Impact to Patient, HCP, User or Other, including recovery, if applicable? |  |
| Type of Clinical Event(s)  *If patient, HCP, User or Other impacted* | *Choose an item.*  If other complications, please specify: |
| Clinical Event Description | N/A |
| Was the User Exposed to Hazardous, Blood, or Bodily Fluids | Yes  No  N/A |
| For Life Sciences Products Only: | |
| Did the Incident Involve Incorrect Test Results? | Yes  No  N/A |
| Was Patient Treatment Altered Because of these Results? | Yes  No  N/A |
| Comments | |
|  | |

| Section 3.0: Product Information | |
| --- | --- |
| Product / Catalogue Number |  |
| Product Description |  |
| Affected Quantity (actual defective units) |  |
| Lot/Serial Number |  |
| Number of Occurrences |  |
| Software Version, if applicable |  |
| Hardware and accessories information, if applicable |  |
| Business Unit associated with product, if known | *Choose an item.* |

|  |  |
| --- | --- |
| Section 4.0: Sample Information | |
| Sample / Photo Available for Return? | *Choose an item.* |
| Type of Sample Available | Actual  Companion (same lot/batch)  N/A |
| Quantity of Sample Returned | N/A |
| Identify if Sample is Contaminated | Yes  No  N/A |
| If Contaminated, what type | Chemotherapy  Biological  Other  If Other, please specify: |