

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:

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.

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

Date of investigation: _____

Summary of investigation results:

List corrective action taken (if any):

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