

Complaint Form



Initiated By:	Date:
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2509 River Run Ct. NE
Cedar Rapids, Iowa 52411
www.clubfootsolutions.org
Fax 319-294-5382

Complainant Contact Information

Company:	Phone:
Practitioner Name:	Email:

If purchased through a distributor, please include the following contact information:

Distributor Name:	Phone:
Distributor Contact Name:	Email:

Complaint

Device Part Number:	Device Serial Number:
Device Identification (Lot ID, Manufacturer)	
Is the device being returned for investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No, please explain:	
Did the device cause or contribute to serious injury or death? If yes, please inform management immediately. <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain below.	
Description (incident, user experience, injuries, age of device, actions taken prior to report):	

A complaint is any written, electronic, or oral communication that alleges deficiencies related to the identity, quality, durability, reliability, safety, effectiveness, or performance of a device after it is released for distribution