Complaint Form

Initiated By:	Date:

95 Auburn East Lane
Coralville, IA 52241
www.clubfootsolutions.org
Phone: 319-338-0208

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? ☐ Yes ☐ No, please explain:	
Did the device cause or contribute to serious injury or death? If yes, please inform management immediately. ☐ No ☐ 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

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