

PRODUCT COMPLAINT FORM

Important Instructions for Submission

To initiate a formal investigation, please complete all sections of this document with accurate and precise details. The completeness of this data ensures our Quality Assurance (QA) team can effectively evaluate the issue in compliance with medical device reporting standards.

Upon completion, please **print, sign, and apply your official facility stamp** to validate the request. Submit the scanned document directly via email to info@transafricamedical.co.ke, or hand it over to your designated **Transafrica Medical Sales Representative** for expedited processing.

1. CUSTOMER & FACILITY DETAILS

- Facility/Institution Name: _____
- Contact Person Name & Title: _____
- Department/Unit: _____
- Email Address: _____
- Phone Number: _____

2. PRODUCT IDENTIFICATION

- Product Name / Description: _____
- Catalog / Model Number: _____
- Lot / Batch / Serial Number: _____
(Critical for medical tracking)
- Expiry Date (if applicable): _____
- Invoice / Delivery Note Number: _____
- Quantity Affected: _____

3. COMPLAINT DETAILS

- Date Problem Discovered: _____
- Type of Issue (Check all that apply):
 - ☐ Damaged packaging / Compromised sterility
 - ☐ Faulty device mechanism / Malfunction
 - ☐ Incorrect items delivered
 - ☐ Inaccurate labeling / Missing instructions
 - ☐ Other (Please specify): _____
- Detailed Description of the Event: *(Describe what happened, any error codes displayed, or how the product failed to perform)*

4. SAFETY & MEDICAL IMPACT

- Was the product used on a patient?
☐ Yes ☐ No
- Did the issue cause any patient delay, injury, or adverse event?
☐ Yes ☐ No
- If Yes, please briefly describe (*Do not include confidential patient names*):

5. SAMPLE AVAILABILITY & EVIDENCE

- Do you have the physical sample available for return/investigation?
☐ Yes ☐ No
- Can you provide photographic or video evidence?
☐ Yes (Email us via info@transafricamedical.co.ke) ☐ No

(**Note:** Please keep the affected product and packaging until instructed otherwise by our team.)

6. DESIRED OUTCOME

- Product Replacement
☐ Account credit / Refund
☐ Technical repair service
☐ Technical explanation / QA investigation report

Authorized Signature: _____ **Date:** _____