AUTHORIZED FOR LOCAL REPRODUCTION

# REPORTING AND PROCESSING MEDICAL MATERIAL COMPLAINTS/ QUALITY IMPROVEMENT REPORT

1. DATE

2. NO.

3. TO

4. FROM

## 5. COMPLAINT

a. TYPE

☐ QUALITY ☐ NEW ITEM ☐ SIMILAR ITEM

b. FOR DOD USE

☐ I ☐ II ☐ III

6. MANUFACTURER STOCK NO.

7. ITEM DESCRIPTION

## 8. MANUFACTURER

a. NAME

b. ADDRESS

9. NAME OF CONTRACTOR *(If other than the manufacturer)*

10. CONTRACT NO. OR PURCHASE ORDER NO.

11. LOT NO.

| 12. CONTROL NO. | 13. MANUFACTURER'S SERIAL NO. | 14. MODEL NO. |
|---|---|---|
| 15. DATE MANUFACTURED | 16. DATE PACKED | 17. EXPIRATION DATE |
| 18. SOURCE *(Direct or distributor)* | 19. QUANTITY ON HAND | 20. QUANTITY SUSPENDED |

**COMPLETE ITEMS 20-25 BELOW FOR DOD TYPE I COMPLAINTS ONLY**

| 21. TOTAL NO. PATIENTS INVOLVED | 22. TOTAL NO. REACTIONS | 23. SEVERE OR UNUSUAL REACTIONS |
|---|---|---|

| 24. REACTIONS REQUIRING HOSPITALIZATION | 25. LENGTH OF HOSPITALIZATION | 26. VACCINE | |
|---|---|---|---|
| | | ☐ INITIAL | INTERVAL |
| | | ☐ BOOSTER | |

27. CAUSE OF COMPLAINT *(Explanation of unsatisfactory condition, deficiency, or description of reaction. Complete for ALL complaints.)*

## 28. INITIATOR

| a. NAME *(For Type I MC/DC/NC)* | b. DSN TELEPHONE NUMBER | | c. COMMERCIAL TELEPHONE NUMBER | | |
|---|---|---|---|---|---|
| | AREA CODE | PHONE NUMBER | AREA CODE | PHONE NUMBER | EXT. |

## 29. SUPPLY OFFICER

| a. SIGNATURE | b. DATE | d. DSN TELEPHONE NUMBER | | e. COMMERCIAL TELEPHONE NUMBER | | |
|---|---|---|---|---|---|---|
| | | AREA CODE | PHONE NUMBER | AREA CODE | PHONE NUMBER | EXT. |
| c. NAME | | | | | | |

## 30. REPORTING AND PROCESSING MEDICAL MATERIAL COMPLAINTS/QUALITY IMPROVEMENT REPORT (*Continued)*

a. RECOMMENDATIONS AND/OR ADDITIONAL REMARKS

b. ACTION TAKEN

## 31. ACTION OFFICER

| a. NAME | b. TITLE | c. ORGANIZATION | d. DATE |
|---|---|---|---|
| | | | |