



**Consumer Complaint**

**Consumer Complaint:** 
**Complaint Date:** 
**Accomp. Org:** 
**Status:**

**Complainant Name:** 
**Date Adverse Event:** 
**Product Code:**     
**Product Name:** 
**PAC:**

**Product Ingredients**

Name	Add	Delete
<input type="text"/>	<input type="button" value="Add"/>	<input type="button" value="Delete"/>
<input type="text"/>	<input type="button" value="Add"/>	<input type="button" value="Delete"/>

**Consumption Site:**

**Recommended Dosage/ Serving Size:** 
**Product Label Available:**

**Label Indications for Use:** 
**Sample Available:**

**Recommended Duration of Use:**

**Adverse Event**

**DOB:** 
**Age:** 
**Gender:** 
**Race:** 
**Previous Adverse Effects of Product:** 
**Symp. Occur**

**Medications/Other Products Used**

Name	Add	Delete
<input type="text"/>	<input type="button" value="Add"/>	<input type="button" value="Delete"/>
<input type="text"/>	<input type="button" value="Add"/>	<input type="button" value="Delete"/>

**Duration of Product Used:** 
**Frequency of Product Used:**

**How Product was Taken?**

**Remarks:**

**Medical Test Performed**

Test	Results	Add	Delete
<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>	<input type="button" value="Delete"/>
<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>	<input type="button" value="Delete"/>

**Medical History**

Conditions	Treatment	Remarks	Add	Delete
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>	<input type="button" value="Delete"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>	<input type="button" value="Delete"/>

**Medical Diagnosis:**

**Medical Treatment:**