FACTS Version 4.9.01 - [Maintain Consumer Complaints]

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Maintain Consumer Complaints

Complaint Number:
Complaint Date: 10/26/2005
Receiving Org: DFI
Accomp. District:
Status:
Complainant Name (Last, First):
Street Address:
City:
State:
Zip Code:
Province:
Mail Code:
Country:
Phone (Home):
Phone (Work):
How Received:
Complaint Source:
Source POC:
Source Phone:
Complaint Description:
Adverse Event Result:
Attended Health Professional?
Health Care Prov.
Adverse Event Date:
Emergency Room/Outpatient visit?
ER Info.
Required Hospitalization?
Hospital Info.
Injury / Illness:
Complaint Reported To?
☐ Notify EO/EMOPS?
Notification Date:
Need addnl. FDA Contact?
Remarks:
Received By: Twohy, Christine

Complaint Symptoms

Symptoms	System Affected	Onset Time	Onset Time Unit	Duration	Duration Time Unit	Remarks

Add
Delete

Record: 1/1 | List of Values | <OSC> | <DBG>

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Product/Labeling

Brand Name:
Product Name:
Product Code: B
PAC:
Qty Size:
Unit of Measure:
Package:
Lot/Serial #
Exp/Use by Date:
UPC:
Manufd. Date:
Purchase Date:
☐ Product Used?
Amount Consum./Used:
Date Used:
Date Discont.:
Amount Remained:
☐ Imported Product
Country of Origin:
Label Remarks:

Retail

Name:
Street Address:
City:
State:
Zip Code:
Province:
Mail Code:
Country:

Problem Ingredient Group

Name

Add
Delete

Manufacturer/Distributor of Product

FEI B	Firm Type	Name & Address	Home District

Add
Delete

Evaluation/Initial Disposition

Problem Keyword

Keyword	Details

Add
Delete

Initial Evaluation:
Initial Disposition:
Disposition Made By:
Disp Date:

Referrals

FACTS Org?	Org. Name	HHS Mail Code
☐		
☐		
☐		

Add
Delete

Init Disp Remarks:

Record: 1/1 | <OSC> | <DBG>