

## Complaint Intake Form / Formulaire de réception de plainte

Section 1: Complainant Information		
Date of Occurrence: (dd MM yyyy)		
Reported by (name/title):		
Reporting Organization Name:		
Address:		
Phone Number:		
Email:		
Section 2: Product & Complaint Information		
Product Name:		
Batch Number:		
Product Code:		
Beyond Use Date: (dd MMM yyyy)		
Number of Units:		
Sample/picture available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is sample being returned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was product being used by patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many patients? _____	
When was the issue observed?	<input type="checkbox"/> Receiving <input type="checkbox"/> Storage <input type="checkbox"/> Patient Administration	
Complaint Issue: (Provide full detail available)		
Information Reported By:	Name: (print and sign)	Date: (dd MMM yyyy)
Section 3: Complaint Information (To be Completed by Fresenius Kabi Canada Hospital Compounding)		
gCMW/KabiTrack Number :		
Complaints Officer:	Name: (print and sign)	Date: (dd MMM yyyy)