
 <b>ICP</b>	<b>Customer complaint record</b>	
	Document ID: F-06-1	Revision: 01
		Date of issue: 15.04.2025.

Identification of nonconforming product			
Medical device <input type="checkbox"/>		Biocide	
Product name:			
LOT number:			
Packaging size and quantity of nonconforming products (example: 250ml / 3 pcs)			
Customer information			
Customer name			
Order ID / Delivery note ID			
Person who noticed a nonconformity:		Date:	
Description of nonconformity:			

Patient information in case of suspected adverse effect (AE)			
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> divers	Initials:	
Date of birth			
Reason for the use of product			
Further person affected	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	
Contact details of involved physician	<i>name / address / e-mail / phone / fax</i>		
Progress of adverse event	<i>Description</i>		
	Life threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Following action taken		surgical intervention
		hospitalisation
		prolongation of hospitalisation
		none of them
Final outcome of the AE		unknown
		recovered
		not yet recovered
		irreversible damage
		Death (date): _____
Further information relevant for case evaluation	<i>underlying diseases (e.g. allergy, skin diseases), pregnancy, concomitant medication, laboratory data, test results (if applicable, use attachment)</i>	
Who was informed		manufacturer
		Swissmedic
		EUDAMED
		EU representative
		Other

[job title]

[name]

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[signature]

**NOTE:** Please submit the completed form to: [complaints@icproducts.ch](mailto:complaints@icproducts.ch)