

Customer Complaint Form

Complaint Information (INC):

Customer name		
Complaint date		
Complaint type (please mark)	Hardware Firmware Software (related with PC connection) Other	
Device type		
No. of affected device		
Serial number		
Firmware/ Software version		
Description of problem (in detail!)		
Damages	no damages to patients or to third parties (e.g. doctor)	Description:
First corrective actions (if taken)		
Remarks		

NOTE

- Please attach screenshot or photo to elaborate the problem more precisely.
- If more than one device is affected with the same problem, contact our TCS department to check if the faulty device is needed for further investigation at MAICO.

Q-FOR-MA-01