

Internal Use Only
Date Received: _____
Assigned to: _____

**PRODUCT COMPLAINT/INCIDENT REPORT**

Please provide as much specific detail as possible, product lots and/or serial numbers, images, video, and documentation of product failure/defect to support this report.

**DO NOT DISPOSE OF PRODUCT.** Manufacturers may need a sample of the defective product to open an investigation.

Email this completed form to [Products@life-assist.com](mailto:Products@life-assist.com).

**\*REQUIRED FIELDS**

**\*Date Reported:**

**\*Form completed by:**

Account Information	
*Customer #:	Facility Name:
Address:	
Sales Rep:	

Contact Information	* Can the manufacturer contact you directly? <input type="checkbox"/> YES <input type="checkbox"/> NO	Please provide Best Contact
*Complaint/Incident Reported by:	Title:	
*Phone:	*Email:	

**COMPLETE A NEW FORM FOR EACH ITEM BEING REPORTED**

Incident Information	
*Item #:	Product Description:
*Lot / Serial #(s):	
*Incident/Product Failure Date:	Incident/Complaint Type (check one): <input type="checkbox"/> Safety Threat <input type="checkbox"/> Death/Serious Injury <input type="checkbox"/> Other
*Incident/Complaint Details Information:	
*Sample available to return to manufacturer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*Desired Resolution: <input type="checkbox"/> Replacement, same product <input type="checkbox"/> Replacement, alternative product # _____ <input type="checkbox"/> Issue credit <input type="checkbox"/> Other desired resolution	
Explain:	

Email the completed form to [products@life-assist.com](mailto:products@life-assist.com)

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INTERNAL USE ONLY

Customer #  
 Item #

1. Report Incident/Complaint to Vendor

Vendor:	
Vendor Item#:	
Date of initial contact:	
Contact Name, Title:	Phone:
	Email:
Return Authorization #, if applicable:	
Method of return:	Date of return:
Return Tracking / Additional Notes:	

2. Inventory Inspection and Quarantine

NOT APPLICABLE

Life-Assist Part#:	<input type="checkbox"/> Stock / <input type="checkbox"/> Special Order
Lot / Serial #(s):	
Quantity on hand:      Rancho: _____ Lenexa: _____	
<input type="checkbox"/> Check inventory for affected lot/serial #(s) <input type="checkbox"/> Quarantine affected lot/serial #(s) <input type="checkbox"/> Record qty of quarantined product: _____	
Inspection Results:	

3. Vendor Resolution

Date Resolution Letter Received:	Credit Issued <input type="checkbox"/> Y / <input type="checkbox"/> N
Replacement solution: <input type="checkbox"/> Same item <input type="checkbox"/> Alternate item _____	
<input type="checkbox"/> NOT APPLICABLE	
Recall Initiated? <input type="checkbox"/> Y / <input type="checkbox"/> N   If Yes, continue process on Recall Procedure Checklist	