

Customer Complaint Form

Customer Name	Company Name
Address	Telephone
Email	Other Information

Type of Complaint	
Complaint Quantity	
Lot Number (LOT)	
Reference Number (REF)	
Item Name	
Date of Complaint	
Distributor Name & Brand Name	
Date of Purchase	

Complaint Details - Complaint form is specific to the lot Number

Submit this to your **Distributor / Importer** PonsaMed GmbH, 53229 Bonn, Germany
Quality@ponsamed.com or can send directly to Ammad Surgical at **info@ammadsurgical.com**

[Office Use Only]

Complaint received by:		Date:	
Department:		Complaint Number:	
Action taken or required:			
Date action completed:		Signature:	