

# Return/Complaint Form



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Initiated By:	Date:
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Please supply a copy of this form with the returned product. If product is not available, e-mail the form to [support@fillauer.com](mailto:support@fillauer.com)

Purchase Order Number:	Invoice Number:	Order Number:	RMA (Return reference number):
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## Complainant Contact Information

Company:	Phone:
Practitioner Name:	Email:

## Supplier of the product

Supplier Name:	E-mail:
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## Complaint

### Device Identification

Part/Product Number:	Description:		
UDI:	Serial Number:	Batch/Lot ID (if applicable)	
Is the product available to return? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the product being returned for investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Return? <input type="checkbox"/> Complaint <input type="checkbox"/> Misorder <input type="checkbox"/> Sampler/Loaner <input type="checkbox"/> Accident/Incident <input type="checkbox"/> Demo <input type="checkbox"/> Did Not Fit Patient (Wrong Size) <input type="checkbox"/> Other (please give reason): _____	
Patient Weight:	Activity Level*:	Fit Date:	Failure Date:
Sports activities (please describe activities such as running, jogging, dancing, gym etc):			Right or Left side:
Please describe in detail, the incident and activity when the failure occurred:			
Did device failure cause or contribute to an incident which lead to user harm or death? <input type="checkbox"/> No <input type="checkbox"/> Yes, please explain below.			
Description of injuries and actions taken prior to report:			

**A complaint is any written, electronic, or oral communication that alleges deficiencies related to the identity, quality, durability, reliability, safety, effectiveness, or performance of a device after it is released for distribution**

\* Activity Level:

**Level 1:** Low activity

**Level 3:** Normal activity

**Level 2:** Low to normal activity

**Level 4:** High activity