

(103-4) Complaint Report Form



This form is intended to be used to submit complaints to ZuriMED Technologies Inc.

Please send the filled form either by email to: complaints@zurimed.com

or by mail to: ZuriMED Technologies Inc., 1111B S Governors Ave, STE 21888, Dover, DE 19904, United States

In case you have any problem submitting your complaint, please contact +1 (919) 342-9833

Reporter Information

Name	
Role, Company	
Email	
Phone	
Complaint filed on behalf of (if applicable)	
Customer Name	
Organization Name	
Address	

Product Information

Product Name	
UDI (Unique Device Identifier)	
SKU / Product Number	
LOT Number	

Complaint Details

Date Issue was observed	
Please describe the issue in detail (e.g. product malfunction, safety concern) <i>(Attach additional documents if needed)</i>	
Immediate Action taken by the hospital/surgeon relevant to the care of the patient	
Were there any adverse events associated with the issue? If yes, please describe.	
Has the issue been reported to any authority? If yes, provide the name of the authority and any report reference numbers, if available.	

(103-4) Complaint Report Form



Replacement

Has the device already been replaced? Yes No

Do you wish to replace the device? Yes No

Return

Is the device available for return? Yes* No

Point of contact for return kit delivery	
Address for return kit delivery	

Is the device contaminated? Yes No

** Please store the product in an appropriate area while awaiting further instructions.*

Date, Signature Reporter

(103-4) Complaint Report Form



OFFICE REGISTRATION (For internal use only - Not to be completed by the reporter)	
Date received:	
Feedback (#:)	Complaint (#:)
<i>Justify if no complaint is created</i>	
Received by <i>(Date, Signature)</i> Name Title	