Complaint Intake Form

Section 1: Complainant Information		
Date of Occurrence: (dd MM yyyy)		
Reported by (*name/title*):		
Reporting Organization Name:		
Address:		
Phone Number:		
Email:		
Section 2: Product & Complaint Information		
Product Name:		
Batch Number:		
Product Code:		
Beyond Use Date: (dd MMM yyyy)		
Number of Units:		
Sample/picture available?	☐ Yes ☐ No	
Is sample being returned?	☐ Yes ☐ No	
Was product being used by patient?	☐ Yes ☐ No If Yes, how many patients?_____	
When was the issue observed?	☐ Receiving ☐ Storage ☐ Patient Administration	
Complaint Issue: (Provide full detail available)		
Information Reported By:	Name: (print and sign)	Date: (dd MMM yyyy)
Section 3: Complaint Information (To be Completed by Fresenius Kabi Canada Hospital Compounding)		
gCMW/KabiTrack Number :		
Complaints Officer:	Name: (print and sign)	Date: (dd MMM yyyy)