

**COMPLAINT REPORT**

|  |
| --- |
| **Type**: Manufacturer [ ]  Consumer [ ]  Regulatory Agency [ ]  |

 **Complaint #: C**

|  |
| --- |
| **MANUFACTURER INFORMATION** |
| **Manufacturer Name:**            | **Model Name:**           |
| **Project Number (If known):**       | **Product Description:**       |

|  |
| --- |
| **COMPLAINT INFORMATION** |
| **Complaint Date:**       | **Complaint Taken By:**       |
| **Complainant Name:**       |
| **Complainant Address:**       |
| **Phone Number:**       | **Email Address:**       |
| **Complaint Details:**       |
| **Suspected Cause:**       |
| **Desired Response or Outcome:**       |

 *Please return this form to: Or by Fax or Email to:*OMNI-Test Laboratories, Inc. Fax: (503) 643-3799
P.O. Box 301367 Email: contact@omni-test.com
Portland, OR 97294

*Reference Procedure: M-SPD*

|  |
| --- |
| **FOR OMNI USE ONLY:** |
| **Received By:** Phone [ ]  Letter [ ]  In-Person [ ]  Email [ ]  |
| **Complaint Assignee:**      **QA Administrator verifies that there is no conflict of interest for this assignee:****Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Assignment Date:**       |
| **Complaint Receipt Acknowledged to Complainant by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_** |
| **What is the Root Cause of this Complaint?**      **Complete this section for *all* complaints, even if referred to CAR process or to manufacturer for resolution.** |
| **Corrective Action is Necessary?** Yes [ ]  No [ ]  **If Yes, CAR No.:**       |
| **Resolution of Complaint and Effectiveness of Actions Taken:**       |
| **Complainant advised of OMNI’s response and if applicable, complainant’s right to appeal by:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Complainant’s Response:**Accepted [ ]  Appealed [ ]  |

The complaint is closed or has been addressed in a corrective action:

Project Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QA Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_