

**COMPLAINT REPORT**

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| **Type**: Manufacturer  Consumer  Regulatory Agency |

**Complaint #: C**

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

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| **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](mailto:thamilton@omni-test.com)   
Portland, OR 97294

*Reference Procedure: M-SPD*

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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_