AUTHORIZED FOR LOCAL REPRODUCTION

REPORTING AND PROCESSING MEDICAL MATERIAL COMPLAINTS/ QUALITY IMPROVEMENT REPORT

1. DATE

2. NO.

3. TO

4. FROM

5. COMPLAINT

a. TYPE
☐ QUALITY ☐ NEW ITEM ☐ SIMILAR ITEM

b. FOR DOD USE
☐ I ☐ II ☐ III

6. MANUFACTURER STOCK NO.

7. ITEM DESCRIPTION

8. MANUFACTURER

a. NAME

b. ADDRESS

9. NAME OF CONTRACTOR *(If other than the manufacturer)*

10. CONTRACT NO. OR PURCHASE ORDER NO.

11. LOT NO.

12. CONTROL NO.

13. MANUFACTURER'S SERIAL NO.

14. MODEL NO.

15. DATE MANUFACTURED

16. DATE PACKED

17. EXPIRATION DATE

18. SOURCE *(Direct or distributor)*

19. QUANTITY ON HAND

20. QUANTITY SUSPENDED

COMPLETE ITEMS 20-25 BELOW FOR DOD TYPE I COMPLAINTS ONLY

21. TOTAL NO. PATIENTS INVOLVED

22. TOTAL NO. REACTIONS

23. SEVERE OR UNUSUAL REACTIONS

24. REACTIONS REQUIRING HOSPITALIZATION

25. LENGTH OF HOSPITALIZATION

26. VACCINE
☐ INITIAL
☐ BOOSTER
INTERVAL

27. CAUSE OF COMPLAINT *(Explanation of unsatisfactory condition, deficiency, or description of reaction. Complete for ALL complaints.)*

28. INITIATOR

a. NAME *(For Type I MC/DC/NC)*	b. DSN TELEPHONE NUMBER		c. COMMERCIAL TELEPHONE NUMBER		
	AREA CODE	PHONE NUMBER	AREA CODE	PHONE NUMBER	EXT.

29. SUPPLY OFFICER

a. SIGNATURE	b. DATE	d. DSN TELEPHONE NUMBER		e. COMMERCIAL TELEPHONE NUMBER		
		AREA CODE	PHONE NUMBER	AREA CODE	PHONE NUMBER	EXT.
c. NAME						

30. REPORTING AND PROCESSING MEDICAL MATERIAL COMPLAINTS/QUALITY IMPROVEMENT REPORT *(Continued)*

a. RECOMMENDATIONS AND/OR ADDITIONAL REMARKS

b. ACTION TAKEN

31. ACTION TAKEN

a. NAME	b. TITLE	c. ORGANIZATION	d. DATE