


Complaint Protocol	
Luminaire / Suspension System	Distributor form


Dear Customer, dear Distributor,

This form is intended to protocol any complaint which relates to your PHOTONIC luminaire and suspension system. Although our devices are designed and manufactured with highest quality standards, we are continuously monitoring feedback from our customer to improve our product and service. Please provide us here with all available information regarding your complaint.

Section 1: Administrative Information			
1.1 Distributor installing device			
a	Organisation name	b	Photonic Certified Technician name
c	Email	d	Phone (international)
e	Street	f	Street number
g	Postal code / City	h	Country
1.2 Customer receiving device			
a	Organisation name	b	Emergency contact name
c	Email	d	Phone (international)
e	Street	f	Street number
g	Postal code / City	h	Country

Section 2: Medical Device Information			
2.1 Luminaire identification			
a	Device name	b	Serial number (SN)
c	Unique Device Identifier (UDI)	d	Reference number (REF)
2.2 Suspension system identification			
a	Device name	b	Serial number (SN)
c	Unique Device Identifier (UDI)	d	Reference number (REF)
2.3 Location			
a	Clinical department (f.e. Cardiology)	b	Type of facility (f.e. OR, ICU, ...)

Author	Created	Version	Printed
MEK	21.04.2021	1	22.04.2021
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NOTE: If this complaint relates to an adverse event involving patient or operator harm, please use the Incident Report Form instead and contact your PHOTONIC representative immediately.

Section 3: Complaint details	
2.1	Description of complaint
2.2	Consequences for operator or patient
2.3	Safety correction actions applied by distributor

Complaint date:

Signature of Distributor:

Please return this form through the distributor portal or via meddev@photonic.at back to us!

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