

QUALITY MANAGEMENT SYSTEM

F-29 Complaint Form

For point 8.2.2 EN ISO 13485:2016

Version 2

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Date of complaint:	Date of product delivery: (mandatory) ¹		
Person/company name	Purchase order i	number:	Complaint number by GeneMe:
submitting the complaint:			
,			
Contact number:			
Email:			
TI I:			
The subject of the complai	nt:		
Type of damage:			
□ broken □ melted □ o	pen IIa – wet	□ otner,	please describe:
Detailed storage conditions:			
a standy demandian.			
Box LOT num	ber		Quantity
Total number of boxes ret	turnod:		



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Description of the compla	aint:	
Signature of the person m	naking the complaint:	
The result of assessing the complaint (to be filled by manufacturer):		
Date:	Signature of the person responsible for assessing the complaint:	

Complaint received by GeneMe:

¹We are not able to accept complaint without this information. Remember you cannot mix box components.