



Product / Drug / Service & Supplier Complaint Form

Please complete form; attach product sample if available and forward to the Materiel Management/Purchasing Dept.

SECTION 1 – end-user/department please complete in full

RE: (complete if known)

Supplier _____

Supplier Contact _____

Phone # _____ Fax # _____

Email Address _____

Individual Reporting Problem _____

Facility _____ Department _____

Phone # _____ Extension _____

Email Address _____

Date Complaint Form completed _____

FROM: *** Section 1 information will be kept confidential

SECTION 2 – end-user/department please complete in full

CHECK: Drug/Product Problem Logistical/Service Problem Supplier/Representative Issue

PRODUCT/SERVICE _____ (GENERIC/TRADE NAME) Size/Packaging _____

Supplier Catalogue # _____

Facility Item # _____

Lot # _____ Expiry Date _____

Frequency of Problem: First Time or Recurring

Location of sample: Department or Materiel Management

Date Problem Occurred: _____

Details of Problem and Actions Taken to Date: _____

IMPACT OF PROBLEM		
MINOR <input type="checkbox"/> (economic inconvenience)	SERIOUS <input type="checkbox"/> (potential for harm)	SEVERE <input type="checkbox"/> (potential for death)
Is product available for inspection? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Were other devices involved? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If yes, please describe _____		

SECTION 3 – Materiel Management / Purchasing Department ONLY

Materiel Management Contact: _____

Phone # _____

Email _____

Purchase Order # _____

Purchased Date _____

Facility Item # _____

Contracting Services item # (IMPACT) _____

Contracting Services Contract # _____

Materiel Management / Purchasing Dept. to fax completed form to Logistics Services at (204) 957-7841 or send via e-mail to Regional_Supply_Chain@wrha.mb.ca

Section 4 – Contracting Services ONLY

Health Canada notified (for serious or severe complaints): YES No If yes, date: ()

Complaint resolved utilizing current contracted supplier

Approved to purchase from non-contracted supplier based on:

Purchase volume is within appropriate contract commitment level (i.e.: less than 100 % commitment allowed)

Exemption granted following Compliance Policy (40.00.030) for those contracts with 100% commitment required

Contracting Services Staff Name responsible for resolving/managing complaint: _____

Date Complaint file closed: _____

Note: Additional information may be required to resolve the problem and will be gathered by Contracting Staff following receipt of the complaint. Please call 204-926-3777 should you have any questions.

COMPLAINT # _____ - To be assigned by Logistics Services