# Product / Drug/ Service & Supplier Complaint Form*

*Currentlly suppported by Shared Health Supply Chain Management Shared Services

*Please complete form and forward to your site the Materiel Management Dept and retain any defective products*

***Homecare/Community-Please complete Sections 1 & 2 with as much information as possible and send directly to SCMSS@sharedhealthmb.ca****

**SECTION 1 – *end-user/department please complete* with all available information**

| RE: *(complete if known)* | **FROM: *** *Section 1 information will be kept confidential*** |
|---|---|
| Supplier _____ | **Individual Reporting Problem** _____ |
| Supplier Contact _____ | **Facility** _____ **Department** _____ |
| Phone # _____ Fax # _____ | **Phone #** _____ **Extension** _____ |
| Email Address _____ | **Email Address** _____ |
| | **Date Complaint Form completed** _____ |

**SECTION 2 – *end-user/department please complete* with all available information**

**CHECK:** **Drug/Product Problem** ☐ **Service Problem** ☐ **Supplier/Representative Issue** ☐

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

Supplier Product # _____

SAP Item # _____

Lot # _____ Expiry Date _____
(If known)

IMPACT OF PROBLEM
MINOR ☐ (economic inconvenience) SERIOUS ☐ (potential for harm) SEVERE ☐ (potential for death)

Was an RL Report Submitted? YES ☐ NO ☐
Incident # _____

Health Canada Case# if reported _____

Person who reported to HC _____

Frequency of Problem: First Time ☐ or Recurring ☐

Location of sample: Department. ☐ or Materiel Management ☐

Is product available for inspection? YES ☐ NO ☐
If yes, contact site MM for instructions

Were other devices involved? YES ☐ NO ☐

If yes, please describe
_____

**Date Problem Occurred:** _____

**Details of Problem and Actions Taken to Date:**

**SECTION 3 – *Materiel Management / Purchasing Department ONLY* **not required for Homecare or Community****

| **Materiel Management Contact:** _____ | **Purchase Order #** _____ |
|---|---|
| **Phone #** _____ | **Purchased Date** _____ |
| **Email** _____ | **SAP Item #** _____ |
| | **Contract Start Date** _____ |
| **Reviewed and completed by Mat Man** | Contract # _____ |
| **prior to submission to SCMSS** ☐ | |

**Material Management / Purchasing Dept. to send completed form via email to SCMSS@sharedhealthmb.ca**

**To view progress status and resolutions for complaints, please see SharePoint**

SCM Product Complaints - Public Facing (manitoba-ehealth.ca)

***Note**: Additional information may be required to resolve the problem and will be gathered by SCMSS following receipt of the complaint. Please email SCMSS@sharedhealthmb.ca should you have any questions.*

**COMPLAINT #**