

<b>REPORTING AND PROCESSING MEDICAL MATERIEL COMPLAINTS/ QUALITY IMPROVEMENT REPORT</b>			DATE
			NO.
TO		FROM	
TYPE OF COMPLAINT ▶	1A. FOR DOD USE <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	1B. FOR VA USE <input type="checkbox"/> QUALITY COMPLAINT <input type="checkbox"/> NEW ITEM <input type="checkbox"/> SIMILAR ITEM	
	2. NATIONAL STOCK NO.	3. ITEM DESCRIPTION	
4. NAME AND ADDRESS OF MANUFACTURER		5. NAME OF CONTRACTOR <i>(If other than the manufacturer)</i>	
		6. CONTRACT NO. OR PURCHASE ORDER NO.	
7A. VA DEPOT VOUCHER NO.	7B. DOD REQUISITION NO.	8. LOT NO.	
9. CONTROL NO.	10. MANUFACTURER'S SERIAL NO.	11. MODEL NO.	
12. DATE MANUFACTURED	13. DATE PACKED	14. EXPIRATION DATE	
15. SOURCE <i>(Name of Depot)</i>	16. QUANTITY ON HAND	17. QUANTITY SUSPENDED	
<b>COMPLETE ITEM 18A THROUGH 18F FOR DOD TYPE I COMPLAINTS ONLY</b>			
18A. TOTAL NO. PATIENTS INVOLVED		18B. TOTAL NO. REACTIONS	18C. SEVERE OR UNUSUAL REACTIONS
18D. REACTIONS REQUIRING HOSPITALIZATION	18E. LENGTH OF HOSPITALIZATION	18F. VACCINE <input type="checkbox"/> INITIAL <input type="checkbox"/> BOOSTER    INTERVAL _____	
19. CAUSE OF COMPLAINT <i>(Explanation of unsatisfactory condition, deficiency, or description of reaction. Complete 19 through 22 for ALL complaints.)</i>			
20A. TYPED NAME OF INITIATOR <i>(For Type I MC/DC/NC)</i>		20B. AUTOVON/FTS TELEPHONE NO.	20C. COMMERCIAL TELEPHONE NO.
21A. TYPED NAME OF SUPPLY OFFICER		21B. SIGNATURE OF SUPPLY OFFICER	21C. DATE
21D. AUTOVON/FTS TELEPHONE NO.		21E. COMMERCIAL TELEPHONE NO. AREA CODE (    )	

**REPORTING AND PROCESSING MEDICAL MATERIEL COMPLAINTS/QUALITY IMPROVEMENT REPORT (Continued)**

22. RECOMMENDATIONS AND/OR ADDITIONAL REMARKS

23. ACTION TAKEN

24. NAME (Action Officer)

25. TITLE AND ORGANIZATION

26. DATE