**Complaint(s) Registration Form for Equipment**

**In case of any complaints or technical inquiries, please fill in the following form with complete details and return by email or fax as soon as possible. Insufficient information might result in delay of response and solution.**

**Ref.:**

**Report date:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Distributor Information** | | | | |
| Company Name | |  | | |
| Address | |  | | |
| City/ Country | |  | | |
| Telephone | |  | | Fax: |
| Contact Person | |  | | Zip Code: |
| **End User Information** | | | | |
| Hospital Name | |  | | |
| Address | |  | | |
| City/ Country | |  | | |
| Contact Person | |  | Fax: | |
| Telephone | |  | Zip Code: | |
| **Equipment or Cartridge information** | | | | |
| Machine |  | | | Serial No. |
| Cartridge |  | | | Serial No. |
| Component |  | | | Serial No. |
| Warranty: 🞎 In Warranty 🞎 Out Warranty 🞎 Contract 🞎 Other | | | | |
| **Problem Description** | | | | |
| 1. Your question or phenomenon of the problem?\* | | | | |
|  | | | | |
| 2. ERROR MESSAGE displayed on the machine? | | | | |
|  | | | | |
| 3. Any action has been taken to solve the problem? | | | | |
|  | | | | |
| 4. Trouble happening frequency: 🞎 Always 🞎 Intermittent 🞎 Random | | | | |
| 5. Is it out of box failure\*: 🞎 Yes 🞎 No | | | | |
| 6. If the connection of accessories and the settings of equipment have been checked | | | | |
|  | | | | |
| 7. If Possible, Please provide your judgment of this trouble: | | | | |
|  | | | | |