

# Customer-Complaint-Report

Please fill in and send with every service case

## Reporting person

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Name:

Organization:

Tel. No. / E-Mail:

Date:

Case report: *Short description*

## Affected medical device

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SmartVap™ Serial number:

Type: "S" Selectatec "D" Dräger Plug-In "A" Dräger Autoexclusion

Log files: Yes No Download link:

## Details of the process

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Date of occurrence:

Date of notification:

Incident location (address):

Contact person on site:

Patient injury: Yes No

If yes, please describe:

Reported to authority: Yes No

If yes, please describe:

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**Other remarks:**

I hereby confirm the accuracy of the information I have provided: \_\_\_\_\_

