

Legal Mfg: 

 Complaint Number: 

 Aware Date: 

 RMA Number: 

Submit this completed form to: [complaints-international@wright.com](mailto:complaints-international@wright.com)

All Information below to be fully completed by Complaint Reporter (For help filling out form reference, [Completing Complaint Related Forms Work Instructions](#)):

 Reporter/Contact Person: 

 Reporter Phone/Email: 

 Reporter Address: 

 Distributor/Organization: 

 Physician/User's Name: 

 Facility/Hospital: 

 Physician/User Address: 

 City/State/Zip/Country: 

Product Name	Part#	Lot#	Serial#	Quantity	Will Product Be Returned?	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
					Yes	No

 Complaint Device from a Kit?  Yes  No Kit Part/Lot/Serial Number: 

 Incident Date:  Was Product Revised?  Yes  No Implant Date:  Explant Date: 

 Where was the issue identified? (ie, in surgery, set inspection) 

Describe in Detail the Problem Encountered: (attach any applicable photographs)

If Problem Occurred during Surgery: How was surgery completed? Was a backup device available? Impact to Patient? (N/A if issue identified outside of surgery)

Did issue cause a delay that required additional anesthesia, medication, surgical procedure, or the use of unintended equipment? (N/A if issue identified outside of surgery)

Patient Info: [i.e., Patient ID, Date of Birth, Weight (lbs./kg), Height (in/cm), Sex, or condition] (N/A if issue identified outside of surgery)

 Would you like a response after the issue is investigated (if yes, please include email address)  Yes  No 

**DEVICE RETURN:** Submit complaint form via email to [complaints-international@wright.com](mailto:complaints-international@wright.com), request an RMA number, and instructions for device return. A hard copy of this completed form should be enclosed in the shipping carton.