



REPORTING AND PROCESSING MEDICAL MATERIEL COMPLAINTS/ QUALITY IMPROVEMENT REPORT				DATE	
				NO.	
TO	Office of Telehealth Services (OTS) National Administrator and National Acquisition Center Contract Manager			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 (If other than the manufacturer)		
			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 (Name of Depot)		16. QUANTITY ON HAND		17. QUANTITY SUSPENDED	
COMPLETE ITEM 18A THROUGH 18F FOR DOD TYPE 1 COMPLAINTS ONLY					
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 (Explanation of unsatisfactory condition, deficiency, or description of reaction. Complete 19 through 22 for ALL complaints.)					
20A. TYPED NAME OF INITIATOR (For Type I MC/DC/NC)		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.		

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