Form #: SOP-FLS-CORP-0007 FORM 5	**TITLE**
Revision: 2	Complaint Intake Form

Complaint Intake Form	
Customer Name:	**Date Event / Complaint Received:**
Saint-Gobain Lot(s)/Batch(es) #:	**Saint-Gobain Part Number(s):**
Customer Contact:	**Customer E-Mail Address:**
Customer Phone #:	**Customer PO:**
Saint-Gobain Customer Service Contact:	**Is this a Recurring Issue:** □ Yes □ No
Do you have pictures attached?: □ Yes □ No	**Returning Samples?:** □ Yes □ No (Tracking No._____)
Have Return Samples been used? □ Yes □ No □ N/A (If yes, the Customer must complete and attach SOP-FLS-CORP-007 Form 6, Decontamination Form)	
Qty Ordered: *Enter the total quantity purchased per lot*	**Qty Affected**: *Enter the total quantity the customer has associated with this complaint per lot.*
Customer Expectation: (*Enter what the customer expected from Saint-Gobain in terms of the product, paperwork or service.*):	**Describe the Event or Complaint**: *(Who identified the complaint? What is the issue? When was the issue detected? Where was the issue detected? To what extent is the issue (# of lots, quantity?)*
Has the customer placed any Saint-Gobain product on hold (in quarantine) as a result of this issue? □ Yes □ No	
Has the customer placed any of their products on hold (in quarantine) as a result of this issue? □ Yes □ No (If 'Yes" then notify the Quality Manager immediately to elevate the complaint priority.)	
Is the customer's manufacturing operation impacted by this issue? □ Yes □ No (If 'Yes' then how long before there is an impact? _____. Notify the Quality Manager immediately to elevate the complaint priority.)	

Initial Risk Assessment from Customer's Perspective (Circle Answer):

		Severity		
		Low	**Moderate**	**High**
Frequency	**Frequently**	**Medium**	**High**	**High**
	Sometimes	**Low**	**Medium**	**High**
	Occasionally	**Low**	**Low**	**Medium**

(Notify the Quality Manager immediately for any High Risk Complaints to elevate the complaint priority.)

This Section is Completed for Medical Devices Only □ N/A

Did this complaint originate from an Adverse Event? □ Yes □ No
Is it possible that this Adverse Event may have contributed to a death? □ Yes □ No
Is it possible that this Adverse Event may have contributed to a serious injury? □ Yes □ No

(If any question above is marked 'Yes' then immediately forward the Complaint Intake Form to the Quality Manager. Quality Manager will follow the Medical Device Reporting procedure SOP-FLS-CORP-0028.)

Intake Form Completed by / Date:_____

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1.0 Revision Information

Revision No	Revision Date	Revision Description
0	18 Aug 2016	New Form
1	09 Nov 2016	Added instruction for when to use the Decontamination Form
2	12 July 2017	Corrected risk table to include severity levels of low, moderate and high. Correct SOP number in footer.

2.0 Approval Signatures

Approved by	Job Title	Date Approved
	Worldwide Quality Systems Manager	12 JULY 2017
	Global Regulatory Affairs &Quality Director	12 July 2017