



COMPLAINTS FORM

Date		Name of person completing form	
		Designation	
		Email address	
		Phone number	
Company			
Product description & reference number			

<p><b>Complaint description</b></p> <p>Please provide as much information as possible:-</p>
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Has the incident resulted in:-

- Patient harm? **YES/NO**
- Breach of confidentiality or data security? **YES/NO**
- Commercial harm? **YES/NO**

Please email completed form to [complaints@mantrasystems.co.uk](mailto:complaints@mantrasystems.co.uk)

A member of our team will respond to you as soon as possible – thank you for your feedback.