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|  | **IMD-PQS Product feedback reporting form** | |
| *Use this form to report product defects or operational defects affecting any product selected from the IMD-PQS database.* | | |
| *Complete every entry marked \*. Please complete all fields. If you cannot complete a field, enter ‘not known’.* | | |
| **A. All respondents should complete section A.** | | |
| Date\*: | | <automatic entry> |
| Product type\*: | | <user entry from drop down list > |
| Manufacturer\*: | | <user entry> |
| Model number\*: | | <user entry> |
| Year of purchase: | | <user entry from selection box> |
| Country\*: | | <user entry from drop down list> |
| Province/region\*: | | <user entry> |
| Type of facility\*: | | <user entry> |
| Describe the problem\*: | | <user entry> |
| How many units are affected by this problem?\* | | <user entry> |
| Is the manufacturer’s warranty still current for any affected units? | | <user entry> |
| If yes, has the supplier (including UNICEF Supply Division) been contacted? | | <user entry> |
| What other action has been taken to resolve the problem? | | <user entry> |
| Do you have suggestions for improving this product? | | <user entry> |
| If possible insert a digital picture here which illustrates the problem. Use .jpeg format. | |  |
| **B. If you are a WHO or UNICEF staff member or consultant, complete section B.** | | |
| Respondent’s name: | | <user entry> |
| Organization: | | <user entry> |
| email address: | | <user entry> |
| Source of data: | | <user entry from drop down list – e.g. EVSM> |
| *WHO will treat feedback reports as confidential and the data contained herein will be consolidated before it is released to any third party.* | | |