GAWDA
GASES AND WELDING DISTRIBUTORS ASSOCIATION

Complaint Form	
Complaint Number	

Section I Customer Information	
Date of Complaint	Account Name
Person Completing Form	Location
Complainant	Customer Address
Title	
Phone	Email:

Section II Product Information	
Product Name	Filling Location
Lot Number	Distribution Location
Cylinder Serial Number	Investigating Location

Did this event cause any adverse reaction to a person or animal (i.e., loss of consciousness, injury, hospitalization)?

_____Yes _____No If Yes, Explain:

Which Adverse Event Reporting (FAERS) or Medical Device Reporting (MDR) requirements apply?
If Device Gas was involved, please use form Dev 100 a14.

☐ Check if FDA MedWatch Form FDA 3500A was submitted. Date of submittal: _____
[Attach copy]

Alleged Complaint:

[Attach additional Information/Comments]

Section III Investigation Information	
Investigator:	Date started:
Initial Evaluation including previous occurrence:	
Cause Analysis Results:	

Section IV Testing	
Name of person (s) performing test(s):	Date:
Test Results: If investigation or testing is not required, indicate why:	
Review Signature:	Date:

Section V Corrective Action	
Action(s) Taken:	
Responsible Person:	Date:
Follow-up Person:	Date:

Section VI Reply to Complainant/Customer (required)	
Date of Reply to Customer:	Contact:
Person Replying:	
Reply: (attach additional pages if needed)	

Section VII Complaint Closure	
Complaint Closed By:	Date Complaint Reviewed, Closed and Filed: