

Medical Devices Complaint Form

This form is to be filled by individuals Supplier to complaint about safety related issues to NHRA

***Section 1**

Date: / /

Applicant Details	
Name	
Mobile No.	
Email address	

***Section 2**

Medical Device Details			
Device name			
Device Model			
Serial /No.		Batch/lot No	
Intended Use			

***Section 3**

Complaint Details	
Description	
Action Taken by Complainant	
Supportive documents	<u>Attach (reports, prescription, pictures, invoice,...ets)</u>

**Please send the report to medical_devices@nhra.bh **

Your cooperation is highly appreciated in improving health services in the Kingdom of Bahrain.