



US Consumer Product Safety Commission

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Health Care Professional Consumer Product Incident Report

This form is for use by **physicians** and other **health care professionals** to report **patient** injuries or deaths involving consumer products, or unsafe products, to CPSC. We may contact you by mail, phone or Internet email for further details. In addition, you will be contacted to confirm the information you sent. Please provide as much information as possible. Your name, address, and telephone number are optional, but we can't contact you without that information. You can also report an incident or unsafe product by calling toll-free at 1-800-638-8095 or by sending an e-mail to info@cpsc.gov

CPSC does not have jurisdiction over **automobiles, trucks and motorcycles, car seats protecting children in on-road vehicles, foods, medicines, cosmetics, and medical devices, or dissatisfaction with business practices** (links to the proper agencies can be found on the "[Report Unsafe Products](#)" page).

When filling out the form, use the TAB key or your mouse to go to the next data area. Use the scroll bar to scroll down the form.

<p>Health Care Provider: <input type="text"/></p> <p>Your address: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text" value="Please Select"/></p> <p>Zip code: <input type="text"/></p> <p>Your email address: <input type="text"/></p> <p>Your telephone: <input type="text"/></p> <p>Date of Incident: <input type="text"/></p>	<p style="font-size: small;">The term 'Victim' covers any individual killed, injured or exposed to a possible product-related hazard and does not imply that the product caused an incident.</p> <p>Name of victim: <input type="text"/></p> <p>Victim's address: <input type="text"/></p> <p>Victim's city: <input type="text"/></p> <p>Victim's state: <input type="text" value="Please Select"/></p> <p>Victim's zip code: <input type="text"/></p> <p>Victim's telephone: <input type="text"/></p> <p>Victim's age: <input type="text"/> (at time of incident)</p> <p>Victim's sex: <input type="radio"/> Female <input type="radio"/> Male</p>
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Please describe the incident or hazard, including description of injuries:

Describe product involved:

Product Brand Name/Manufacturer:

Manufacturer street address:

Place where manufactured (city and state or country):

Product model, serial #, & date of manufacture or date code if available:

When was the product purchased?

Is the product available for examination? Yes No Don't Know

If yes, where is it located?

This information is collected by authority of 15 U.S.C. 2054 and will be entered into a database by a Consumer Product Safety Commission contractor. The information is not retrievable by name. The information may be shared with product manufacturers, distributors, or retailers. However, no names or other personal information will be disclosed without explicit permission.

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