

# COMPLAINT FORM

## Advisory Panel on the Marketing in Australia of Infant Formula (APMAIF)

Refer to the 'Guidelines for Lodging Complaints' in completing this form. All fields should be completed.

### PERSONAL DETAILS

<b>NAME</b>	<input type="text"/>	<b>POSITION</b>	<input type="text"/>
<b>ADDRESS</b>	<input type="text"/>		
	<b>street / post office box</b>	<b>FAX</b>	<b>suburb state postcode</b>
<b>PHONE</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>EMAIL</b>	<input type="text"/>		

### DESCRIPTION OF COMPLAINT

<b>DATE</b>	<input type="text"/>
	<i>(date when incident was identified)</i>
<b>MAIF AGREEMENT Clause Number/s</b>	<b>Provide the Clause/s of the MAIF Agreement relevant to the complaint</b> <i>(refer to the MAIF Agreement for assistance)</i>

<b>DESCRIPTION</b>	<b>Brief description of Complaint</b> <hr/> <hr/> <hr/> <hr/> <hr/>
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<b>SUBJECT COMPANY</b>	<b>Manufacturer / Importer Company</b>
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<b>ITEM</b>	<input type="checkbox"/> infant formula (0 to 12 months) <input type="checkbox"/> follow on formula (6 to 12 months) <input type="checkbox"/> other: _____	<b>Product Name</b> _____
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<b>MARKETING ACTIVITY</b>	<input type="checkbox"/> advertisement <input type="checkbox"/> seminar / conference <input type="checkbox"/> display <input type="checkbox"/> infant formula samples	<input type="checkbox"/> sample packs / information packs <input type="checkbox"/> brochure / booklet <input type="checkbox"/> Inducement/s (eg. free offers / give-aways) <input type="checkbox"/> other: _____
	<i>(please attach any relevant documentation (ie, correspondence, emails, advertisement, etc))</i>	

<b>DESCRIPTION OF MATERIAL</b>	<b>Title and description of publication / item</b> <hr/> <hr/>
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<b>LOCATION/ PLACE</b>	<b>Location/place where marketing activity was sighted</b> <input type="checkbox"/> health centre / medical facility <input type="checkbox"/> pharmacy / chemist <input type="checkbox"/> media	<input type="checkbox"/> health professional journal <input type="checkbox"/> retailer (eg. department store / supermarket) <input type="checkbox"/> other: _____
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<b>DETAILS OF LOCATION/ PLACE</b>	<b>Location/place where the material/s were acquired</b> _____ provide site/location or name of the journal/circular/form of media _____ address / city / state / post code (if applicable)
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<b>RESOLUTION</b>	<b>Attempts that have been made to resolve this issue with the subject company or organisation</b> <i>(please include contact names / details and dates if applicable):</i> <hr/> <hr/> <hr/>
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SECRETARIAT USE ONLY

<b>Date Received:</b> <input type="text"/>	<b>Reference No:</b> <input type="text"/>
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