



COMPLAINT IN TERMS OF THE CODE OF MARKETING PRACTICE

Complaint form for the public and Healthcare Professionals

Kindly submit the complaint form to info@marketingcode.co.za

Date: _____ Case Number Issued by the MCA: _____

DETAILS OF COMPLAINANT:

1. Complainant Details:

1.1. Full Names and Surname: _____

1.2. Email Address: _____

1.3. Contact Number(s): _____

1.4. Job Title: _____

1.5. If you are a healthcare professional, please state the name of the Professional Statutory Body you are registered with:

2. DETAILS of the person/organisation who is the subject of the complaint.

2.1. Product which is the subject of the complaint? (If more than one product in a range is implicated, mention all dosage forms).

2.2. Name of MCA member company complained against:

3. NATURE OF COMPLAINT

3.1. Where was the promotional item seen / heard?

3.2. Summary of the complaint

3.3. Please attach a copy of the offending material to your email where applicable

Signature of Responsible Person

Date

Name of Responsible Person

In the event that this complaint has already been lodged with another entity, the MCA will only process the complaint after such complaint has been finalised by such entity and the outcome released.