

Code of Conduct Complaint Submission Form for Non Industry Complainants

To lodge a complaint in relation to a prescription medicine please complete this proforma and send it to the Secretary of the Code of Conduct Committee at Medicines Australia

Fax: 02 6122 8555
Email: secretarycodecommittee@medicinesaustralia.com.au
Mail: Level 1, 16 Napier Close Deakin ACT 2600

Name of advertiser/sponsor responsible for providing information	
Brand name of medicine	
Approved name of medicine (if known)	
<p>For advertisement:</p> <p>Where advertisement appeared (name of journal, magazine, newspaper, television, radio, outdoor display etc)</p> <p>Please provide a good quality copy of print material</p> <p>Date published or observed</p> <p>If a television or radio advertisement please identify the channel of station and an approximate time of broadcast eg Channel A on Sunday evening 13 July 2006</p> <p>If an outdoor display please identify the city and location eg Sydney on bus stop display in Penrith</p>	
<p>For other promotional/educational material:</p> <p>Please provide a good quality copy of print material</p> <p>Date published or received</p>	
<p>For promotional activity eg representative behaviour:</p> <p>Please provide relevant information on activity, date and place observed</p>	

<p>Please state what your complaint is, including, where possible, the section of the Medicines Australia Code of Conduct breached.</p> <p>A copy of the Code can be found on the Medicines Australia website at www.medicinesaustralia.com.au or by calling the office on 02 6122 8500</p> <p>If you require any assistance with this section please contact the Secretary of the Code of Conduct Committee at Medicines Australia on 02 6122 8500 or via email at secretarycodecommittee@medicinesaustralia.com.au</p>	
<p>Please provide details of any communication you have had with the advertiser or sponsor company</p>	
<p>Are you aware of any legal action in relation to this material? If so please give details.</p>	

Complainant Details

Name:	
Address	
Telephone:	
Fax:	
Email:	
Date:	

If you do not wish your name and contact details to be given to the other party/sponsor company please tick the box

Declaration

I, _____ (name) declare that I have no conflict of interest with the sponsor company through pecuniary interests, membership of an Advisory Board for a competitor company or other unresolved disputes.

I also accept that all aspects of this complaint will be held confidential until such time as the process has been completed and all avenues of appeal have been exhausted. I agree that the details of this complaint will be published in the Medicines Australia Code of Conduct Quarterly and Annual Reports.

Signed: _____