

COMPLAINT FORM

Marketing in Australia of Infant Formulas (MAIF): Manufacturers and Importers Agreement

Instructions

1. Complete your answers in the second column of the table.
2. For your complaint to be considered, you must answer every question.
3. You must include the Clause of the [MAIF](#) Agreement that your complaint refers to.
4. Where options are provided, delete the irrelevant choices.

Submitting the form

Email your form to the MAIF inbox or post it to MAIF Complaints, Preventive Health Policy Branch, Department of Health MDP 707, GPO Box 9848, Canberra ACT 2601.

Personal details

| Question | Answer |
|-----------|--------|
| Name * | |
| Position | |
| Address * | |

*required

Description of complaint

| Question | Answer |
|---|---|
| Date of incident | |
| Clause of the MAIF Agreement relevant to your complaint | |
| Briefly describe your complaint | |
| Manufacturer's or Importer's company name | |
| Type of product (delete where irrelevant) | <input type="checkbox"/> Infant formula (0-12 months) <input type="checkbox"/> Follow on formula (6-12 months) <input type="checkbox"/> Other <input type="checkbox"/> [Enter other] |

| | |
|---|---|
| <p>Type of marketing activity (delete where irrelevant)</p> <p>Please attach any relevant documentation (i.e correspondence, emails, advertisement etc)</p> | <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"/> inducements (eg. Free offers/give aways) <input type="checkbox"/> [Enter other] |
| <p>Title and description of publication or item</p> | |
| <p>Location or place where marketing activity was sighted (delete where irrelevant)</p> | <input type="checkbox"/> Health centre/medical facility <input type="checkbox"/> Pharmacist/chemist <input type="checkbox"/> media <input type="checkbox"/> health professional journal <input type="checkbox"/> retailer (eg. Department store/supermarket) <input type="checkbox"/> [Enter other] |
| <p>Details of location/place where the material/s were acquired</p> <p>Provide site/location or name of the journal/circular/form of media and address if applicable</p> | |
| <p>List any attempts which have been made to resolve this issue with the subject company or organisation</p> <p>Please include contact names/details and dates if applicable.</p> | |

AUSTRALIAN PRIVACY PRINCIPLE 5 NOTIFICATION

The Australian Department of Health is collecting this personal information about you in order to process your complaint about a possible breach of the Marketing in Australia of Infant Formulas: Manufacturers and Importers (MAIF) Agreement and notify you of the complaint outcome. The Department of Health can be contacted by telephone on (02) 6289 1555 or freecall 1800 020 103 or by using the online enquiries form at www.health.gov.au.

If you do not provide the required information, the Department may not be able to process the complaint. The Department will disclose the complaint in its entirety to the MAIF Complaints Committee.

The Department has an APP privacy policy which you can read at <http://www.health.gov.au/internet/main/publishing.nsf/Content/privacy-policy>. You can obtain a copy of the APP privacy policy by contacting the Department using the contact details set out above. The APP privacy policy contains information about:

- how you may access the personal information the Department holds about you and how you can seek correction of it; and
- how you may complain about a breach of the Australian Privacy Principles

The Department is unlikely to disclose your personal information to overseas recipients.

DEPARTMENT OF HEALTH USE ONLY

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|------------------------------|-----------------------------|
| <p>Date Received:</p> | <p>Reference No:</p> |
|------------------------------|-----------------------------|