

Medical Device Code of Ethical Marketing and Business Practice

Complaint Lodging Form

Complaint in terms of the Medical Device Code of Ethical Marketing and Business Practice

Any signatory to the Code, a member of the public, Healthcare Professional (HCP) or regulatory body (“the complainant”) may lodge a formal written complaint. Note there is no lodging fee required to be paid by a member of the public, HCP or regulatory body. Signatories to the Code must however pay a complaint lodging fee, see clause 5 below.

Complaints lodged by a signatory to the Code, should where possible be initiated and administrated by the Compliance Officer and / or CEO of the Company.

Kindly submit the complaint to info@samed.org.za

Date: _____ Case Number issued by SAMED: _____

1. Complainant:

- a. Name and surname: _____
- b. Job title: _____
- c. E-mail address: _____
- d. Mobile Number: _____ Work Number: _____
- e. Name of Company / organisation: _____
- f. Name of Company CEO: _____
- g. Field of business of the complainant (manufacturer, distributor, doctor, private hospital, member of the public etc) _____

2. Details of the individual / Company who is the subject of the complaint ie ‘the respondent’

- a. Name and surname: _____
- b. Job title: _____
- c. Name of Company / organisation: _____
- d. Contact details of this person (if you have them):
E-mail address: _____
Mobile Number: _____ Work Number: _____

3. Field in which infringement has occurred (e.g. insulin pumps, orthopedic implants, wound care, etc)

4. Clause(s) within the Medical Device Code, detail and circumstances relating to the alleged infringement. Succinctly describe the essence of the complaint in the table below. Use one line for each infringement. Where available list and attach any proof/evidence substantiating the complaint.

Indicate Code Clause (s)	Describe each alleged infringement ie what, how, where	Date / period of the alleged infringement	Indicate proof/evidence substantiating the complaint
	What: How: Where:		
	What: How: Where:		
	What: How: Where:		

5. Please provide proof of payment that you have paid the complaint lodging fee (R2500 incl vat) into the SAMED bank account. Note, there is no lodging fee required to be paid by a member of the public, HCP or regulatory body .

Account Holder Name: The South African Medical Device Industry Association
 ABSA Account No.: 40-8826-5446
 Branch: Randburg
 Branch code: 632005

Name: _____

Designation: _____

Company: _____

Signed: _____