

Complaint lodging form

SAMED Code of Marketing and Business Practice Complaint Form

Date: _____

1	Name of complainant:	
2	Representative body or company of complainant:	
3	Name of alleged infringing company/person:	
4	Provision of the SAMED Code that has allegedly been infringed:	
5	Field in which infringement has occurred (e.g. cardiology, wound care, orthopaedics etc):	
6.1	Circumstances of the infringement: What:	
6.2	When:	
6.3	Where:	
6.4	How:	
7	Supporting evidence, where available:	

Name: _____

Designation: _____

Company: _____

Signed: _____

SAMED Reg nr. 2002/005232/08 | Tel: +27 11 467 0855 | Fax: +27 11 467 1697 | email: info@samed.org.za
PO Box 651761, Benmore, 2010, South Africa | 52 Thembi Place, Calderwood Road, Lonehill

www.samed.org.za

Directors: T.M. Vogt (Chief Operating Officer), M.J.F. Howe-Ely (SAMED Chairman), M. Brand, M.G. Burgess (SAMED Vice Chairman), L.J. Curran, A.H. Denoon, W. Flowers, J. Hampton, G.R. John (Treasurer), R.J. Millar, M. Pearce, S. Reitz, J. Rogers, A. Ronnie, W. Smit, G.Stier

