

Codes 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 Code ie SA Code of Practice for Marketing of Health Products or SAMED Code of Business Practice (state which code) that has allegedly been infringed:	
5	Circumstances of the infringement:	
5.1	What:	
5.2	When:	
5.3	Where:	
5.4	How:	
6	Supporting evidence, where available:	

Name: _____

Designation: _____

Company: _____

Signed: _____