**COMPLAINT FORM**

**Format for submission of investigation / complaint (against advertisement of therapeutic goods / remedy / treatment / offer of treatment) to Committee on Advertisement**

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| **1. Complainant / Reporter (for follow up and feedback)** | |
| Name of person / company / institution |  |
| Address |  |
| Email |  |
| Phone no. |  |
| **2. Product details** | |
| Brand name: |  |
| Manufacturer |  |
| **3. Advertisement details** | |
| Place of advertisement |  |
| Media used (type of advertisement) |  |
| **4. Details of Person / entity involved** | |
| Name |  |
| CNIC / Any License no. of entity |  |
| Address |  |
| **5. Supporting information** | |
| Copy of advertisement |  |
| Reason of your concern (what made you report it?) |  |
| Any other information |  |
| **Signatures of complainant / reporter:**  **Date:** | |

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