STANDARD COMPLAINTS FORM FOR REGISTERED PRODUCTS

Please fill in areas Marked in RED

AGENT INFORMATION					
DATE		**AGENT** Tel.:			
PRODUCT INFORMATION					
PRODUCT NAME		**PACK SIZE**			
REGISTRATION NUMBER					
BATCH NO.	**EXPIRY DATE**	**ACTUAL STORAGE CONDITIONS**			
		As per label or ……			
Is the actual product involved available for examination by the manufacturer or regulatory authority at Act 36 or SAHPRA		YES	NO		
Send Product to:	Attention: Caryl Wilson Afrivet Business Management (Pty) Ltd Newmark Estate, 21/22 Silver Lakes Road, Hazeldean, Pretoria, 0081				
COMPLAINT DETAILS					
PRODUCT COMPLAINTS ONLY					
NATURE OF COMPLAINT					
PACKAGING	ADMINISTRATION	PRODUCT			
Date of observation	No of units involved	Return /replace	Yes	No	
Customer Details	**Invoice Number**	**Invoice Date**			
Signature of Complainant	Agent receiving Returned stock		Date		
SHORT DESCRIPTION OF COMPLAINT					

SUSPECTED ADVERSE EVENT	
OWNER INFORMATION	
Name:	**Country: RSA**
Address: Town: Postal Code:	Telephone: Cell: Fax:
Any other relevant information	
AFRIVET VETERINARIAN	
Name:	**Country: RSA**
Address: Town: Postal Code:	Telephone: Cell: Fax:
Any other relevant information	
ATTENDING VETERINARIAN (Physician in case of human exposure) INFORMATION	
Name:	**Country: RSA**
Address: Town: Postal Code:	Telephone: Cell: Fax:
Any other relevant information	

ANIMAL PATIENT DETAILS				
SPECIES	**BREED**	**SEX**	**AGE**	**WEIGHT**

HUMAN PATIENT DETAILS (*for human exposure*)			
NAME	**SEX**	**AGE**	**WEIGHT**

ANIMAL CONDITION AT THE TIME OF ADMINISTRATION	
HUMAN CONDITION AT THE TIME OF ADMINISTRATION (*for human exposure*)	
OTHER PRODUCTS USED AT THE TIME ***(Within a week)***	

SHORT DESCRIPTION OF COMPLAINT			
ADMINISTRATION OF PRODUCT INFORMATION			
Number of treated animals		Number of animals reacting to treatment	
Number of dead/ euthinased animals		Reason of treatment	
Administered by:	Administration route	Administration date	Dosage
Duration of treatment	Date of onset of signs	Onset of signs interval	Use according to label
			Yes / No
If No give reason why:			
CONCURRENT TREATMENT ADMINISTERED (within a week)			
Name of Product	Administration route	Duration of treatment	Date of application
DESCRIPTION OF REACTION Describe the reaction precisely giving as much detail as available			
Duration of reaction (precise unit):			
Was the reaction treated?	If yes give name of administered product(s)	Evolution	Date of recovery
		Date of death	
HISTORY OF ANIMAL / PATIENT			
Has the animal previously been exposed to this/these Afrivet Product (s)?		If yes, when?	
Has the animal previously reacted to this/these product(s)?		If yes, when?	
Has the animal previously reacted to other products?		If yes, when?	
Has the attending vet seen the same kind of reaction to this/these product(s)?		Please explain:	

Any other relevant history	
PRELIMINARY DIAGNOSIS/ DIFFERENTIAL DIAGNOSIS	
Attending veterinarian	**Afrivet veterinarian**
INVESTIGATION UNDERTAKEN	
Clinical Findings	
Samples taken for analysis and tests required	
Necropsy/Post mortem	
OTHER INFORMATION – UPDATE OF CASE	
Please report here all complimentary information related to the follow-up of the case: analysis, necropsy results……	

For Office Use:

Product Details

Product Name	
Batch Number	
Registration Number	
Expiry Date	
Other details (size, strength etc.)	

Complainant Details

Date of Complaint	
Complaint Reference Number	
Details of Complaint	
Complainant Name	
Complainant Tel Number	
Was the item/sample obtained	
Action/Decision Taken	
Follow-up and Final Outcome	
Steps to take to prevent re-occurrences	

Internal reference:

Received by Product/Technical Manager/QA Manager:

Name: …….

Signed: ……

Date: ……