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| **Complaint Against the Infant Nutrition Council Code of Practice for the Marketing of Infant Formula**  Contained as an annex in: *Implementing and Monitoring the International Code of Marketing of Breast‑milk Substitutes in New Zealand: The Code in New Zealand* |  |

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| **1. Your contact information** | | | | |
| First name(s) |  | Last name | | |
|  |  |  | | |
| Organisation | | | | |
|  | | | | |
| Postal address | | |  | Postcode |
|  | | |  |  |
| Email address |  | Phone number | | |
|  |  |  | | |

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| **2. Your complaint** | | | | |
| **What** (eg, an advertisement / an event / a mailout) | | | | |
|  | | | | |
| **Where** (eg, in a magazine, web page, store, billboard, radio, TV, etc) | | | | |
|  | | | | |
| **When** – date |  | Time |  |  | |
|  |  |  |  | am / pm | |
| **Attachment** – where possible, please attach a copy of the complaint (eg, if it is a print advertisement, a photo of an outdoor advertisement, or website) with this complaint form. | | | | |
| **Description** of complaint – outline the basis for your complaint (attach extra pages if necessary) | | | | |
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| **3. Infant Nutrition Council Code of Practice for the Marketing of Infant Formula** | | | | | |
| You can access this code at either: <http://infantnutritioncouncil.com/> or  [www.health.govt.nz/publication/implementing-and-monitoring-international-code-marketing-breast-milk-substitutes-nz-code-nz](http://www.health.govt.nz/publication/implementing-and-monitoring-international-code-marketing-breast-milk-substitutes-nz-code-nz)  What principle(s) and/or article(s) of this code do you consider the activity is in breach of? | | | | | |
|  | | | | | |
| Have you sent this complaint to anyone else? | | | | | |
|  | Yes |  | No | If so, who? |  |

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| **4. Signature** |

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|  | Date |  |

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| **5. Returning complaint form** |

**Return this complaint form to:**

Complaints under NZ WHO Code

Nutrition and Physical Activity Team, Protection Regulation and Assurance Business Unit

Ministry of Health

PO Box 5013

Wellington

or email this complaint form (as a Word doc) to: [code\_in\_nz@moh.govt.nz](mailto:code_in_nz@moh.govt.nz).

We will assess your complaint, decide on the appropriate action(s) and notify you within 20 working days of receipt of your complaint what action we have taken. Thank you for taking the time to complete this form.