|  |  |
| --- | --- |
| **Complaint against the Ministry of Health’s Code of Practice for Health Workers***Implementing and Monitoring the International Code of Marketing of Breast‑milk Substitutes in New Zealand: The Code in New Zealand* |  |

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

|  |
| --- |
| **2. Your complaint** |
| **What** (eg, the infant feeding advice provided by a health worker) |
|  |
| **Where** (eg, in a consultation, in a seminar, in a magazine, online, etc) |
|  |
| **When** – date |  | Time |  |  |
|  |  |  |  | am/pm |
| **W**here possible, please attach a copy of the complaint (eg, if it is a printed article or from a website) with this complaint form. |
| **Description** of complaint – outline the basis for your complaint (attach extra pages if necessary) |
|  |

|  |
| --- |
| **3. Code of Practice for Health Workers** |
| Refer to pages 13–18 of The Code in New Zealand which can be accessed at: [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 articles of the Code of Practice for Health Workers do you consider have been breached? |
|  |
| Have you sent this complaint to anyone else? |
| [ ]  | Yes | [ ]  | No | If so, who? |  |

|  |
| --- |
| **4. Signature** |

|  |  |  |
| --- | --- | --- |
|  | Date |  |

|  |
| --- |
| **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 6140

or email this complaint form (as a Word doc) to: 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.