



e-form

Advertised Medicinal Product Complaint Form



All relevant fields must be filled in before the form can be accepted and your complaint investigated.

1. Complainant details:

Name:

Surname:

Title:

Address:

Telephone No:

E-mail address:

Signature of complainant:

2. Advertisement details:

Name of medicinal product
advertised:

Name of company/ advertiser:

Address of advertiser (if
known):

Media in which advertisement
appeared:

Other:

Name of Publication/ Station
(where applicable):

Date of Publication (where
applicable):

Date & approximate time of
transmission (where
applicable):

3. Complaint details:

Please explain the reasons for
your complaint:

Have you already undertaken
any action:

What action have you taken:

Results of your action:

4. Attachments:

Please attach a copy of the advertisement. If you cannot do this, please ensure that you have provided as much detail as possible about the advertisement, to enable us to identify it.

The complaint form may be posted via business reply to:

Post-Licensing Directorate,
Malta Medicines Authority,
Sir Temi Żammit Buildings,
Malta Life Sciences Park
San Ġwann SĠN 3000,

or sent by email to: advertising.medicinesauthority@gov.mt

Postage will be paid by the Licence.

No postage stamp necessary if posted in Malta and Gozo.

BUSINESS REPLY SERVICE
Licence no. 656
Pharmacovigilance Section
Post-Licensing Directorate
Medicines Authority
Sir Temi Żammit Buildings
Malta Life Sciences Park
San Ġwann SĠN 3000