



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: (if you use online submission, please use the Declaration Form)**

Kindly fill in the Declaration form at the following link <http://www.medicinesauthority.gov.mt/onlineapplications>  
A Declaration form should be submitted for each signatory.

## 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 Zammit Buildings,  
Malta Life Sciences Park  
San Ġwann SĠN 3000,

or sent by email to: [advertising.medicinesauthority@gov.mt](mailto:advertising.medicinesauthority@gov.mt)

Postage will be paid by the Licensee.

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 Zammit Buildings  
Malta Life Sciences Park  
San Ġwann SĠN 3000