

# Marketing Complaint Submission Form

Revision 10/2018

FOR LDH USE ONLY	
STAGE OF REVIEW	DATE
<input type="checkbox"/> Form Received at LDH	
<input type="checkbox"/> Investigation Begins	
<input type="checkbox"/> Sanctions Applied	
<input type="checkbox"/> Response Sent to Complainant	
<input type="checkbox"/> Investigation Closed	
Marketing Complaint Tracking #:	

## COMPLAINANT CONTACT INFORMATION

Complainant Name/Title/Organization:		
Address:		
Phone:	E-mail:	Fax:

## COMPLAINT DETAILS

Parties to the Alleged Violation: <i>(violator, witnesses and others)</i>
Date/Time/Frequency of Alleged Violation:
Location of Alleged Violation: <i>(facility name including location – address, unit, room, floor)</i>
Narrative/specifics of alleged violation: <i>(Please attach any documentation to support this allegation and attach additional pages if more space is needed)</i>
Why is this alleged violation a violation of the Marketing Policy and Procedures? <i>(Please include citations to specific policies and procedures)</i>
What harm has resulted due to this alleged violation? <i>(such as misrepresentation, unfair advantage gained)</i>
What is the complainant's expectation/desire for resolution/remedy, if any?

## LDH FINDINGS

LDH Investigator Signature: <i>(at completion of investigation)</i>	Date:
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