



## Health Supplement Incident Report Form

If you have any complaints on the health supplement products and their usage, PLEASE COMPLETE THIS FORM and send it to the Drug Regulatory Authority at [dra@dra.gov.bt](mailto:dra@dra.gov.bt).

<b>1. Complainant Address</b>			
a) Name:			
b) Address:			
c) Contact No:			
d) E-mail ID:			
<b>2. Complainant</b>		<b>3. Complaint is about</b>	
	<i>please tick (✓) the most appropriate</i>		<i>please tick (✓) the most appropriate</i>
a) Healthcare professional		a) Product defect	
b) Competent Person		b) Suspected adverse reaction/event due to consumption of the product	
c) Patient/consumer		c) Illegal sale and distribution of the product	
d) Others (Please specify)		d) Others (please specify)	
<b>4. Details of the Health supplement</b>			
a) Brand Name:			
b) Generic name:			
c) Batch number:			
d) Ingredients			
e) Name & Address of the Manufacturer:			
f) Product used for:			
<b>5. Details of the complaint (please describe the complaint)</b>			
<b>6. Source of the product(s) (where did you get the product from?)</b>			

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICIALS USE BY DRUG REGULATORY AUTHORITY**

Date of receipt of the report: \_\_\_\_\_ Received by: \_\_\_\_\_

Action taken: