

BASF/Bayer Complaint Reporting Form for Agchem and Traits

Once filled in, this form should be returned by e-mail or fax to:
XXXXXX@basf.com and XXXXXX@bayer.com

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| General Information: |
| Country, city: |
| Date: |
| Contact person filling the form, position, company: |
| Any other person involved in handling this complaint: |
| Incident Information |
| Date of the incident: |
| Name of the operator or all person(s) involved in the incident (victim): |
| Address (street, city, country), phone or email of the above-mentioned person(s): |
| Age of the above-mentioned person(s): |
| The incident reported is a suspected adverse effect: ___ on human health ___ on animal health ___ on the environment ___ related to efficacy ___ related to packaging ___ other. If so, specify: |
| Product Information |
| • If the incident involves a Crop , specify: Crop and fraction (if available): Variety (if available): Genetic modification (GM) involved: Unique identifier: |

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| <p>• If the incident involves a chemical product, specify:</p> <p>Product name:</p> <p>Code:</p> <p>Lot number (if available):</p> <p>Use: ___ Professional use; ___ garden use; ___ amenity use</p> |
| Detailed Information |
| <p>Previous experience of operator or person(s) involved in the incident with the GM or the chemical product:</p> <p>___ none; ___ 1 year; ___ 2 - 3 years; ___ 4 - 6 years; ___ 7 - 10 years; ___ > 10 years</p> |
| <p>In which circumstances did the incidence occur?</p> <p>___ use, ___ planting, ___ cultivating, ___ harvesting, ___ disposal, ___ transport, ___ mixing, ___ loading/unloading, ___ processing, ___ other</p> |
| <p>If other, specify:</p> |
| <p>Where did it occur?</p> <p>garden, ___ field, ___ farm, ___ store, ___ public area, ___ port, ___ other</p> |
| <p>If other, specify:</p> |
| <p>Summary of the incidence and symptoms description:</p> |
| Actions |
| <p>Direct action was:</p> <p>___ Recommendations by the first BASF/Bayer contact person. If so, specify:</p> <p>___ Medical advice</p> <p>___ safety data sheet provided</p> <p>___ other. If so, specify:</p> |
| <p>Is there a clear link between the incident and BASF/Bayer's product?</p> |
| <p>Was there a doctor involved?</p> |
| <p>Report communicated via email to BASF Belgian Coordination Center CommV and Bayer Agriculture BV on (DD/MM/YYYY):</p> |
| To be filled in by BASF/Bayer |
| <p>Is a follow up required?</p> |
| <p>Is this report recordable?</p> |
| <p>Did the 'victim' re-contact BASF/Bayer after action was taken?</p> |