

Complaints Resolution Panel

Response Form for Advertisers

Use this form to submit complaints about advertisements for therapeutic goods.

Contact information

Please provide current contact information. For individuals, please state your name under "company name". If you are trading under a business name please show both your individual name and the business name.

Company name: AUSTRALIAN VACCINATION NETWORK

ABN/ACN: 30077002923

Address: C/- JAMES FUGGLE RUMMERY SOLICITORS
PO Box 95
LISMORE NSW 2480

Contact person (name and title) for this complaint: MS ELLEN BARRINGTON

Phone: (02) 6621 2475

Fax: (02) 6622 1402

Email address: ellie.barrington [REDACTED]

The products promoted in the advertisement

Identify each advertised product. If the product is on the ARTG, include the ARTG identifying number.

Product: Black Salve	ARTG ID: N/A
Product:	ARTG ID:
Product:	ARTG ID:
Product:	ARTG ID:
Product:	ARTG ID:
Product:	ARTG ID:
Product:	ARTG ID:
Product:	ARTG ID:
Product:	ARTG ID:
Product:	ARTG ID:

Complaint Number: 2012/04/022