

<b>Appendix 2. Adverse effect reporting form</b>
--

## Bayer Complaint Reporting Form for Agchem and Traits

Once filled in, this form should be returned by e-mail or fax to:  
XXXXXXXX@bayer.com (AgChem), XXXXXXXX@bayer.com (Traits)

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: <input type="checkbox"/> on human health <input type="checkbox"/> on animal health <input type="checkbox"/> on the environment <input type="checkbox"/> related to efficacy <input type="checkbox"/> related to packaging <input type="checkbox"/> other. If so, specify:
Product Information
<ul style="list-style-type: none"><li>• If the incident involves a <b>Crop</b>, specify: Crop and fraction (if available): Variety (if available): Genetic modification (GM) involved: Unique identifier:</li></ul>

• If the incident involves a **chemical** product, specify:

Product name:

Code:

Lot number (if available):

Use: \_\_\_ Professional use; \_\_\_ garden use; \_\_\_ amenity use

**Detailed Information**

Previous experience of operator or person(s) involved in the incident with the GM or the chemical product:

\_\_\_ none; \_\_\_ 1 year; \_\_\_ 2 - 3 years; \_\_\_ 4 - 6 years; \_\_\_ 7 - 10 years; \_\_\_ > 10 years

In which circumstances did the incidence occur?

\_\_\_ use, \_\_\_ planting, \_\_\_ cultivating, \_\_\_ harvesting, \_\_\_ disposal, \_\_\_ transport, \_\_\_ mixing, \_\_\_ loading/unloading, \_\_\_ processing, \_\_\_ other

If other, specify:

Where did it occur?

\_\_\_ garden, \_\_\_ field, \_\_\_ farm, \_\_\_ store, \_\_\_ public area, \_\_\_ port, \_\_\_ other

If other, specify:

Summary of the incidence and symptoms description:

**Actions**

Direct action was:

\_\_\_ Recommendations by the first Bayer contact person. If so, specify:

\_\_\_ Medical advice

\_\_\_ safety data sheet provided

\_\_\_ other. If so, specify:

Is there a clear link between the incident and Bayer's product?

Was there a doctor involved?

Report communicated via email to Bayer Agriculture BVBA on (DD/MM/YYYY):

**To be filled in by Brussels**

Is a follow up required?

Is this report recordable?

Did the 'victim' re-contact Bayer after action was taken?