

Appendix 2. Adverse effect reporting form

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):
<p>The incident reported is a suspected adverse effect:</p> <p>___on human health</p> <p>___on animal health</p> <p>___on the environment</p> <p>___related to efficacy</p> <p>___related to packaging</p> <p>___other. If so, specify:</p>
Product Information
<ul style="list-style-type: none"> • If the incident involves a Crop, specify: <p>Crop and fraction (if available):</p> <p>Variety (if available):</p> <p>Genetic modification (GM) involved:</p> <p>Unique identifier:</p>

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