## **Universal Monitoring and Reporting Form**

Use this form to report any practice that violates the International Code of Marketing of Breastmilk Substitutes and subsequent World Health Assembly Resolutions or the relevant national measure. Violations by manufacturers, distributors or by any person who works for or on their behalf must be reported to the designated authority. **Date and Time** When was the violation observed? hh:mm yyyy-mm-dd Where (place, town) was violation observed? (For newspapers and periodicals, indicate the name and date of publication; for TV/Radio indicate channel, or frequency; webpage; Facebook account, name of health facility, shop) **Product name** Company/Brand name (if no brand can be identified please describe logo or any promotional device) Type of product being promoted? Infant Formula (0+ months) Follow up/on Formula (6 + months) Growing up milk (12 + months) Any other milk for children 0-36 months Any other food or liquid marketed for infants (0-6 months) Commercial complementary food or liquid (6+ months) Feeding bottles or teats Other product No specific product (s) promoted, but practice undermines breastfeeding. Describe complementary food. Describe other product.

Type of violations?
Advertisement (TV, radio, printed materials)
Online or social media promotion
Promotion in retail outlets
Free samples
Promotional material for health professionals
Promotion in health facilities
Gifts or scholarships to health workers
Sponsorship of health professional associations
Inadequate labeling
Health and nutrition claims on labels
Non-compliant informational/educational materials
Events/gifts targeting pregnant women, mothers, etc.
Industry contact with pregnant women and mothers
Sales incentives/sales quota for company personnel
Donations of relevant products
Other(s)
Other type of violation
Describe other type of violation you have noticed.
Additional details observed
Evidence of violation
Upload picture of violation (like photo of labels, poster, product, samples) if available.
Click here to upload file. (< 5MB)
Person Reporting
Name
Address