

# NLIS (Cattle)


## Device complaint form

Please complete this form in BLOCK letters and forward it to:  
 John Collins, NLIS Ltd, Level 1, 165 Walker St, North Sydney, NSW 2060  
 Where there is insufficient space on the form, please attach additional details.




Producer details		
Name:		
Contact person:		
Phone:	Fax:	
E-mail:		
Physical address:		
City/Town:	State:	Post Code:
Postal address:		
City/Town:	State:	Post Code:

Property details				
Production system:	Grass fed <input type="checkbox"/>	Stores/backgrounding <input type="checkbox"/>	Feedlot <input type="checkbox"/>	Dairy <input type="checkbox"/>
Type of fencing:	Plain wire <input type="checkbox"/>	Plain / Barbed wire <input type="checkbox"/>	Ring lock <input type="checkbox"/>	Electric <input type="checkbox"/>
Type of country:	Few trees <input type="checkbox"/>	Heavy scrub <input type="checkbox"/>	Forested <input type="checkbox"/>	Other <input type="checkbox"/>

Device details				
Manufacturer:	Allflex <input type="checkbox"/>	Drovers <input type="checkbox"/>	Leader <input type="checkbox"/>	<input type="checkbox"/>
	Datamars <input type="checkbox"/>	Gallagher <input type="checkbox"/>	Zee Tags <input type="checkbox"/>	<input type="checkbox"/>
Device type:	Ear tag <input type="checkbox"/>	Rumen bolus/ear tag combination? <input type="checkbox"/>		<input type="checkbox"/>
Product name:				
Photographs:	 <i>If possible, attach photograph(s) and supply electronic image(s) of the device.</i>			

Purchase details			
Date purchased (if known):		Quantity purchased:	
Store / dealer name:			
Store/ dealer address:			
City/Town:	State:	Post Code:	

Tagging details				
Who applied the devices?	Producer <input type="checkbox"/>	Stock Mgr <input type="checkbox"/>	Manufacturer <input type="checkbox"/>	<input type="checkbox"/>
Tag position in ear?	Middle <input type="checkbox"/>	Bottom edge <input type="checkbox"/>	Top edge <input type="checkbox"/>	Tip <input type="checkbox"/>
Applicator type (if known):			Applicator colour:	
Date tagged:			Breed tagged:	
Age tagged:			Number tagged:	

Problem description			
When was the problem identified?	On delivery <input type="checkbox"/>	At tagging <input type="checkbox"/>	After tagging <input type="checkbox"/>
Nature of problem?	Device breakage <input type="checkbox"/>	Device loss <input type="checkbox"/>	Device won't scan <input type="checkbox"/>
	<i>Explain the problem in more detail below:</i>		
Number of devices affected? 	<i>If possible, attach an electronic list of the NLIS ID and/or RFID numbers of the problem devices.</i>		
Animals' ears:	<i>Are the ears torn (tag ripped out)?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>Is there just a hole (tag fallen out)?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Environmental factors				
Season tagged?	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>	Autumn <input type="checkbox"/>	Winter <input type="checkbox"/>
Weather conditions?	Dry <input type="checkbox"/>	Extreme cold <input type="checkbox"/>	Dusty / Muddy <input type="checkbox"/>	
	Humid <input type="checkbox"/>	Sunny <input type="checkbox"/>	Windy <input type="checkbox"/>	
	Extreme heat <input type="checkbox"/>	Overcast <input type="checkbox"/>	Raining <input type="checkbox"/>	

Producer observations <i>(Additional comments)</i>

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NLIS Ltd investigation / follow-up <i>(Internal use only)</i>			
Complaint status:	<i>Is the problem resolved?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<i>Have the appropriate people been notified?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_