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ESTÉE  
LAUDER  
COMPANIES

### CONSUMER PRODUCT REACTION QUESTIONNAIRE

Nature of Complaint	<input type="checkbox"/> Reaction	<input type="checkbox"/> Others (Please Specify) :
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I. Product Particulars	Date :
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Product Name (as per packaging)	Brand :
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Product Size	Date & Place of Purchased :
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How & Where product was stored
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#### II. Details of Customer

Name
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Address
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Contact No.	(HP)	(O)	(H)
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Nationality	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Date of Onset of Reaction
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#### III. Details of Reaction

How was the product used?

Which describe your skin type :

☐ Normal ☐ Normal / Oily ☐ Oily ☐ Normal / Dry ☐ Dry

Known allergies or sensitivities :

Are you taking any medications or other health products, such as vitamins, herbs, fragrance etc?

☐ Yes (Please indicate the products) ☐ No

List of other skin care / make up / fragrance products you used :

Which area was affected by the reaction?

Did the reaction appear only where product was applied?

☐ Yes ☐ No

Description of your reaction. (Please use and attach a separate report if necessary)

Select the intensity level of the sensation you felt (if applicable)

☐ Mild ☐ Medium ☐ Strong

How long did the reaction last? : \_\_\_\_\_ Minute (s) \_\_\_\_\_ Hour (s) \_\_\_\_\_ Day (s)

Did you experience the reaction the first time you use the product?

☐ Yes ☐ No

Delay between last application and onset of reaction: \_\_\_\_\_ Minute (s) \_\_\_\_\_ Hour (s) \_\_\_\_\_ Day (s)

Did you seek medical attention? :

☐ Yes ☐ No

(Please indicate physician's diagnosis and what medication(s), if any, were prescribed)

*Note : Please send us a copy of the medical reports (if possible), a photograph of your reaction*

I hereby confirm that the information provided herein is true and complete. I authorize Estee Lauder Malaysia to use the information furnished for product quality survey and product exchange / refund purposes only.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_