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ESTĒE
LAUDER
COMPANIES

BRINGING
THE BEST TO
EVERYONE
WE TOUCH

CONSUMER PRODUCT REACTION QUESTIONNAIRE

Nature of Complaint	□ Reaction ⬜ Others (Please Specify) :

I. Product Particulars

Date:

Product Name (as per packaging)	Brand:
Product Size	Date & Place of Purchased:
How & Where product was stored	

II. Details of Customer

Name	
Address	
Contact No.	(HP) (O) (H)
Nationality	Gender □ Male □ Female
Date of Onset of Reaction	

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

This questionnaire will gather information relating to the case that you reported to us. Through this questionnaire, Estée Lauder Vietnam LLC ("we" or "our") may collect your personal information including but not limited to your name, contact information and personal particulars, demographic information, physical characteristics and preferences, skincare/haircare concerns and treatment procedures, details of product usage and reaction, known allergies or sensitivities, pre-existing medical conditions, medical or physician diagnosis and medical reports. By providing your personal information, including medical or sensitive information, you consent to the collection of that information. We will process your personal information for the purposes of investigating and analyzing your concerns, improving the safety of our products, analytics purposes, product exchange/refund purposes and for complying with any legal obligations to report to local regulatory authorities. If you choose not to provide the personal information requested in the questionnaire, we will not be able to review and follow up on your case.

Your personal information will be stored until the purposes of processing your personal information, as described above, have been accomplished, and then your personal information will be archived in a separate database and then deleted electronically.

Under local laws, you may have the right to access and request correction of personal information we hold about you, or to withdraw consent to the processing of your personal information, and other rights as specified in our Privacy Policy. If you would like to exercise your rights, or if you have any questions or complaints about our processing of your personal information, please refer to our Privacy Policy, which contains relevant information. You can also contact us using the contact information listed in the "How To Contact Us" section in our Privacy Policy. By ticking the checkbox below and proceeding with the questionnaire, you confirm that you have read, understood and agreed to our Privacy Policy which can be accessed by at www.jomalone.vn/privacy-policy.

□ I hereby confirm that the information provided herein is true and complete and I agree to my personal information being processed in accordance with the terms above.

Signature: _____   Date: _____