MALAYSIAN MEDICAL COUNCIL

COMPLAINT FORM AGAINST MEDICAL PRACTITIONER

NOTE:

a. Pursuant to the Medical Act 1971, the Council has jurisdiction over registered medical practitioners only.

b. To help us deal with your complaint <u>against registered medical practitioners</u> efficiently, please use this form. However, you are free to put your complaint in a letter.

c. Please attach extra pages, if necessary.

| YOUR DETAILS: |

1. **Name**: ……………………………………………………………………………………

2. **Address: Residential**: …………………………………………….………………………

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Postal: …………………………………………………………………………………..

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3. **Contact** : **Handphone**: ……-…………… **Residence** : ….. - ……….……

    Office: ……-……………(DL), ……-……………Ext.……

    Fax: ……-……………x …… **Email:** ……………………………………

4. **Are you the patient in the complaint?**

    (   ) Yes   *(if 'YES", please proceed straight to question 6)*

    (   ) No   *(if 'NO", please proceed to question 5)*

5. **a**. **What is your relationship to the patient?** …………………………………………..

    b. Have you got the consent from the patient to complain on his/her behalf?

    (   ) Yes   (   ) No

DETAILS OF YOUR COMPLAINT:

6. **What is the nature of your complaint?** Please describe your complain in detail including dates, times and person(s)/doctor(s) involved.

   a. Date:……/………/……… Time: ……….….am/pm.

   b. The full name and practice address of each doctor you wish to complain, if available:

      i. **Name**: Dr. ..……………………………………………………………………

         Practice Address: ..…………………………………………….……………………

         …………………………………………………………………………………

      ii. **Name**: Dr. ..……………………………………………………………………

         Practice Address: ..…………………………………………….……………………

         …………………………………………………………………………………

      iii. **Name**: Dr. ..……………………………………………………………………

         Practice Address: ..…………………………………………….……………………

         …………………………………………………………………………………

   c. **The Nature of the Complaint**: …………………………………………………………

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7. **Do you have any document(s) to support your complaint?**
   If you do, please send us certified true copies only and list them below.

   a. ……………………………………………………………………………………

   b. ……………………………………………………………………………………

   c. ……………………………………………………………………………………

   d. ……………………………………………………………………………………

   e. ……………………………………………………………………………………

8. **Are there any other person(s) who is/are acquainted with the circumstances of this complaint or otherwise may have first hand information?** If so, please give their names below, and how they were involved with events.

   a. **Name** :……………………………………………………………………………………

     Nature of involvement:………………………………………………………………….

     ……………………………………………………………………………………………..

   b. **Name** :……………………………………………………………………………………

     Nature of involvement:…………………………………………………………………

     ……………………………………………………………………………………………..

   c. **Name** :……………………………………………………………………………………

     Nature of involvement:…………………………………………………………………

     ……………………………………………………………………………………………..

9. **Can they become witness(es) during the inquiry/investigation?**

   (　) Yes

   (　) No – Please state reason(s) (optional) …………………………………………………

     ………………………………………………………………………………………….

     ………………………………………………………………………………………….

10. **Are you willing to become the complainant and be present at any inquiry held by the Investigating Committee or at the Council level at your own expense?**

   (　) Yes

   (　) No – Please state reason(s) (optional) …………………………………………………

     …………………………………………………….…………………………………………

   Your signature: ……………………………….. **Date**: ……/……/………