

MALAYSIAN MEDICAL COUNCIL

COMPLAINT / INFORMATION AGAINST REGISTERED MEDICAL PRACTITIONER

NOTE

- a. Pursuant to Section 29(1) Medical Act 1971, the Council has disciplinary jurisdiction over Registered Medical Practitioners.
- b. The Complainant / Informant is required to fill up this form and send it to the Malaysian Medical Council.

YOUR DETAILS:

1. Name:

2. NRIC / Passport No:

2. Address:

Residential:

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Postal:

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3. Contact details:

- Mobile:
- Residence:
- Office:
- Email:

4. Identity of the Complainant / Informant (Kindly choose one of the below)

- Patient / Aggrieved Party
- A member of his family
- Patient's Lawyer
- Estate of the Patient
- Any other person / organization familiar with the circumstances of the case

DETAILS OF YOUR COMPLAINT / INFORMATION:

5. Describe your complaint / Information in detail including dates, time and person(s)/doctor(s) involved.

a. Date: Time:am/pm.

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

i. Name: Dr.

Address of practice:

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ii. Name: Dr.

Address of practice:

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iii. Name: Dr.

Address of practice:

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c. Nature of the Complaint:

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

a. Name :.....

Nature of involvement:.....

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b. Name :.....

Nature of involvement:.....

.....

c. Name :.....

Nature of involvement:.....

.....

8. Can they become a witness during the inquiry/investigation?

() Yes

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

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DECLARATION

I hereby declare that all the information given above is true to the best of my knowledge.

I shall be present at all inquiries held in relation to this complaint / information at my own expense.

Signature:

Date:

Name:.....

NRIC / Passport No:

For more information, please contact:

The Secretariat,
Malaysian Medical Council,
Block B, Ground Floor,
Jalan Cenderasari,
50590 Kuala Lumpur.