



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:**

3. **Address:**

a) Residential:

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b) Postal:

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4. **Contact details:**

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

5. **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:

6. Describe your complaint / Information in detail including dates, time and 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. Do you have any material(s) to support your complaint?
Kindly attach certified true copies 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 / 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:

b. Name:

Nature of involvement:

c. Name:

Nature of involvement:

9. 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:

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