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:

   ……

   ……

   b) Postal:

   ……

   ……..

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: ..…….……...……

..…….……

ii. Name: Dr. ..……..

Address of practice:..…….……...……

..……

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):

   ……

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:

Malaysian Medical Council
Block C, Aras 1
Jalan Cenderasari
50590 Kuala Lumpur
03-26912171
admin.mmc@moh.gov.my

DISCLOSURE OF PATIENT'S HEALTH INFORMATION

I,……. NRIC/Passport No.:……., the Patient named above OR next-of-kin/legal guardian/legal representative of …… NRIC/Passport No.:……(the Patient)***** hereby give my full and informed consent for the disclosure and release of all my / the Patient's health information and medical records relevant to this complaint.

I expressly authorise my/the Patient's healthcare service providers and/or doctors who are in possession of such records to disclose and release the said information directly to the Malaysian Medical Council (MMC) for the sole purpose of any inquiry, investigation, or disciplinary proceeding in relation to this complaint, conducted by the MMC under the Medical Act 1971 and its Regulations.

I understand that this information will be treated as confidential and will only be used by the MMC as necessary for the proper conduct of its proceedings in accordance with the Medical Act 1971 and any applicable regulations.

(*Strike out whichever is not applicable.)

Signature	: …….
Name	: …….
NRIC/Passport No.	: …….
Your relationship to the patient **(if applicable)**	: …….
Date	: …….

Signature of Witness	: …….
Name	: …….
NRIC/Passport No.	: …….
Date	: …….

Notes:

1. Please complete this section if the complaint relates to treatment provided to the patient by medical practitioner(s).
2. This form must be fully completed and signed by the patient. If the patient is under 18 years of age/deceased/unable to give consent, the form must be signed by the next-of-kin/legal guardian/legal representative.