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**APPLICATION FOR LODGING A COMPLAINT**

**I. APPLICANT'S DETAILS:**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Other Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ National ID No/Passport No: \_\_\_\_\_

Gender: Male ☐ Female ☐

Residence: \_\_\_\_\_ Office: \_\_\_\_\_

Address: \_\_\_\_\_

Code: \_\_\_\_\_ Town: \_\_\_\_\_ Country: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Wish to lodge a complaint with the preliminary inquiry committee of SSGMC on behalf of myself/ another (delete one)

**II. DETAILS OF COMPLAINANT (if different from above)**

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_ Other Name: \_\_\_\_\_

Nationality: \_\_\_\_\_ National ID No/Passport No: \_\_\_\_\_

Gender: Male ☐ Female ☐

Residence: \_\_\_\_\_ Office: \_\_\_\_\_

Address: \_\_\_\_\_

Code: \_\_\_\_\_ Town: \_\_\_\_\_ Country: \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Indicate the nature of relationship between the applicant and complaint

\_\_\_\_\_

### **III. DETAILS OF PRACTITIONER OR IN RESPECT OF WHOM THE COMPLAINT IS LODGED**

Full names \_\_\_\_\_

Specialty \_\_\_\_\_

Grade \_\_\_\_\_

Postal address \_\_\_\_\_

Telephone \_\_\_\_\_

Physical location \_\_\_\_\_

Other details \_\_\_\_\_

### **IV. DETAILS OF INSTITUTION**

Full names \_\_\_\_\_

Postal address and telephone \_\_\_\_\_

Physical location \_\_\_\_\_

Other details \_\_\_\_\_

### **V. BRIEF NATURE OF COMPLAINT**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI. DOCUMENTS ATTACHED (tick where applicable)**

Double spaced typed narrative explaining background history of the matter

Fee

Photocopies of relevant documents

(i) \_\_\_\_\_

(ii) \_\_\_\_\_

(iii) \_\_\_\_\_

(iv) \_\_\_\_\_

(v) \_\_\_\_\_

*I solemnly and sincerely declare that the information given is true.*

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

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**VII. FOR OFFICIAL USE ONLY**

Case No: \_\_\_\_\_

Parties Involved \_\_\_\_\_

License No: \_\_\_\_\_

Practitioner's Registration No: \_\_\_\_\_ License No: \_\_\_\_\_

Institution's Registration No: \_\_\_\_\_ License No: \_\_\_\_\_