

FORM 11

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 complainant

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 _____

VII. FOR OFFICIAL USE ONLY

Case No: _____

Parties Involved _____

License No: _____

Practitioner's Registration No: _____ License No: _____

Institution's Registration No: _____ License No: _____