

---

## **APPLICATION FOR LODGING A COMPLAINT**

### **1. APPLICANT'S DETAILS:**

- 1.1. Surname: \_\_\_\_\_
- 1.2. First Name: \_\_\_\_\_ Other Names: \_\_\_\_\_
- 1.3. Nationality: \_\_\_\_\_ National ID No/Passport No: \_\_\_\_\_
- 1.4. Gender:                      Male                       Female
- 1.5. Residence: \_\_\_\_\_ Office: \_\_\_\_\_
- 1.6. Address: \_\_\_\_\_
- 1.7. Code: \_\_\_\_\_ Town: \_\_\_\_\_ Country: \_\_\_\_\_
- 1.8. Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_
- 1.9. Email: \_\_\_\_\_

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

### **2. DETAILS OF COMPLAINANT (If different from above)**

- 1.1. Surname: \_\_\_\_\_
- 1.2. First Name: \_\_\_\_\_ Other Names: \_\_\_\_\_
- 1.3. Nationality: \_\_\_\_\_ National ID No/Passport No: \_\_\_\_\_
- 1.4. Gender:                      Male                       Female
- 1.5. Residence: \_\_\_\_\_ Office: \_\_\_\_\_
- 1.6. Address: \_\_\_\_\_
- 1.7. Code: \_\_\_\_\_ Town: \_\_\_\_\_ Country: \_\_\_\_\_



1.8. Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

1.9. Indicate the nature of relationship between the applicant and complaint  
\_\_\_\_\_

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

1.1. Full names \_\_\_\_\_

1.2. Specialty \_\_\_\_\_

1.3. Grade \_\_\_\_\_

1.4. Postal address \_\_\_\_\_

1.5. Telephone \_\_\_\_\_

1.6. Physical location \_\_\_\_\_

1.7. Other details \_\_\_\_\_

**4. DETAILS OF INSTITUTION**

1.1. Full names \_\_\_\_\_

1.2. Postal address and telephone \_\_\_\_\_

1.3. Physical location \_\_\_\_\_

1.4. Other details \_\_\_\_\_

**5. BRIEF NATURE OF COMPLAINT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1.1. Double spaced typed narrative explaining background history of the matter

1.2. Fee

1.3. Photocopies of relevant documents

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

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

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

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

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

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

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

---

**FOR OFFICIAL USE ONLY**

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

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

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

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

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