



# **MEDICAL & DENTAL COUNCIL**

*[Guiding the Profession, Protecting the Public]*

**This form is to help you make your complaint**

***Your details***

**1.** Your Full Name:

.....  
.....

**2.** Your Address:

.....  
.....  
.....

**3.** Daytime phone number(s):

.....

**4.** Home phone number

.....

**5.** Mobile number(s).

.....

**6.** Fax number [if any]

.....

**7.** Are you the patient in the complaint? If 'Yes', go to question 10

Yes  No

**8.** Are you complaining on someone else behalf?

Yes  No

**9.** If 'Yes' what is your

.....  
.....

relationship to the patient?

***Details of the doctor(s)***

**10.** The full name of each doctor you are complaining about

**A** Dr.....

**B** Dr.....

**C** Dr.....

**11.** The address each doctor works at (if you know) or the address where you (or the patient) saw each doctor.

**Dr. A**

**Dr B**

**Dr C**





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Handwriting practice lines consisting of 20 horizontal dotted lines.

**13.** Do you have any documents (for example, letters or medical records) which might back up your complaint? If you do, please send us copies and list them below. If you ask us to, we will return all original documents after taking copies.

1

2

3

**14.** Are there any other people who saw or heard the things you are complaining about? If so, please give their names below, and how they were involved with events.

15. Would those people be prepared to make written statements to us?

Yes

No

16. We try to deal with most complaints through correspondence but, if it becomes necessary, are you prepared to be a witness at an inquiry into your complaint?

Yes

No

17. Have you complained to any other organisation about this matter (example where the doctor works?)

If 'No' go to question 19

Yes

No

18. If 'Yes', please say which organisation you have complained to. Give us brief details of what happened to your complaint, and send us copies of any letters between you and that organisation.

19.

Please now sign and date the form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**20.** When you have filled in this form, please send it by post to:

**The Investigations Unit,  
Medical and Dental Council,  
P. O. Box AN 10586,  
Accra - Ghana.**

Or hand delivery to:

**The Medical and Dental Council's office  
Adjabeng, Accra  
Working Hours: 08.00 a.m. - 5.00 p.m.**

**21.** Thank you for filling this form. We aim to let you know that we have received your complaint. We will send you a reply or progress report, within four (4) weeks of receipt of your complaint. Here is a quick checklist before you post this to us.

***Have you done the following:***

- have you given us the full names and address of the doctors concerned?
- have you said what your complaint is?
- Have you said when it happened?
- have you sent us any letters about your complaint which you have sent to, or received from, any other organisation you have complained to?
- have you sent us any other supporting evidence, such as medical records etc.?
- Have you given us your full name and address and, if possible, a daytime phone numbers?
- have you signed and dated the form?