

## Medical Council of Hong Kong

### Complaint Form for Making a Complaint against Registered Medical practitioner(s)

(You may return the completed form to the Medical Council Secretariat

by post to Room 1408, 14/F, Guardian House, 32 Oi Kwan Road, Wanchai, Hong Kong; by email to mc-complaint@dh.gov.hk; or by fax to 2243 3353)

#### YOUR DETAILS

1. Your name: \_\_\_\_\_

2. Your address: \_\_\_\_\_

\_\_\_\_\_

3. Daytime mobile phone no.: \_\_\_\_\_ 4. Home phone no.: \_\_\_\_\_

5. Email address: \_\_\_\_\_

6. Any fax number which we could send letters to: \_\_\_\_\_

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

Yes  No

8. Are you complaining on someone else's 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 \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

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

Doctor A \_\_\_\_\_

Doctor B \_\_\_\_\_

Doctor C \_\_\_\_\_

## DETAILS OF YOUR COMPLAINT

12. What is your complaint? Please describe your complaint and, if possible include:

- exactly what happened; and
- the dates on which it happened.

(please use extra pages if you want to)



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 person(s) 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 they be prepared to make written statements to us?

Do Not Know       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 a public inquiry into your complaint?

Yes       No

17. Have you complained to any other organization about this matter (for example, Hospital Authority) or taking civil action? (If 'No', go to Question 19.)

Yes       No

18. If 'Yes', please say which organization 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 organization.

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19. If your complaint is not a matter for the Medical Council, do you agree to our forwarding this complaint to the appropriate organization(s)?

Yes  No

20. Please now sign and date the form.

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

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

Thank you for filling in this form. We aim to let you know that we have received your complaint within 10 working days of receiving it. We will send you a reply when a decision of the Medical Council is made. Here is a quick checklist before you send or deliver this to us.

Have you done the following?

- Given us the details to identify the doctor(s) concerned.
- Said what your complaint is.
- Said when it happened.
- Sent us any letters about your complaint which you have sent to, or received from, any other organization you have complained to.
- Sent us any other supporting evidence, such as medical records.
- Given us your name and, if possible, a daytime mobile phone number.
- Signed and dated the form.

**PERSONAL INFORMATION COLLECTION STATEMENT:**

1. The provision of your personal data to the Medical Council of Hong Kong (MCHK) is voluntary. All personal data submitted will only be used for purposes which are directly related to your complaints, and may be disclosed to agencies who are authorised to receive information for the same purposes.
2. You have the right to request access to and correction of your personal data submitted in accordance with the Personal Data (Privacy) Ordinance. Request for access or correction of personal data should be made in writing to the Secretariat of MCHK at the address: 4/F., Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong.