

FORM 5

[See rule 11]

Format for Making Complaint to Grievance Cell

Instructions. – (1) Please submit the complete form

(2) Ensure all signatures are authorized and additional documentation is provided

Patient Registering the Complaint

Name of the Patient:

Address line 1:

Address line 2:

City:

Postal code:

Contact Number:

Email:

I am the patient

Y/N

In case of representation on behalf of the patient:

Name, Address and contact details of person other than patient making the complaint:

Date of Birth (DD-MM-YYYY):

Relationship to the Patient is

1. Legal Representative
2. Relative or Family member
3. Anonymous
4. Others

Status of the Patient

1. Alive

2. Deceased

Details of Complaint Filed Against (Respondent):

Name of the person or organisation:

Address line 1:

Address line 2:

City:

Postal code:

Contact Number:

Email:

Please describe your complaint in as much detail as possible. Be sure to include specific information the date, time, timelines of events and location of the incident(s), staff, and witness etc. Please enclose copies of any documents that you feel would be relevant to your case. Note: A copy of this complaint will be sent to the Respondent you have identified.

If needed, continue on separate sheet or files or documents. Check here if another sheet is attached.

Complainant's Signature

Date: