MALAYSIAN MEDICAL ASSOCIATION

COMPLAINT FORM AGAINST MEDICAL PRACTITIONERS

NOTE: Please fill in this form and email directly to **secretary@mma.org.my**

FULL DETAILS:

1. Full Name : ……..
2. NRIC / Passport Number : ……………………………………………………………………………………………….
3. Postal Address: ---

   ----
4. Mobile Phone Number: ……………………………..

5. Email : ……………………………………………..

6. Subject / Title of the Complaint : ……………………………………………………………………………………

7. Describe your complaint on the following details

   Date : ……………………………………Time : ……………………………………

   a) Doctor's Full Name : ………………………………………………………………………………………………

   Address of Practice : ……………………………………………………………………………………………………

   b) Doctor's Full Name : ………………………………………………………………………………………………

   Address of Practice : ……………………………………………………………………………………………………

   c) Hospital/Facility's Full Name: ………………………………………………………………………………….

   Hospital/Facility's Address : ………………………………………………………………………………………

8. Nature of the Complaint (*you may add additional page(s) if necessary*) :

……

……

………

………

………

Do you have any material(s) to support your complaint? Kindly attach certified true copies and list them below:

a) ………
b) ………
c) ………
d) ………
e) ………

DECLARATION

I hereby declare that all the information given above is true to the best of my knowledge.

Signature: …………………………………….

Name:………………………………………………………….

NRIC / Passport No: ……………………………………..

Date: ……………………..