



MALAYSIAN MEDICAL ASSOCIATION

COMPLAINT AGAINST MEDICAL PRACTITIONERS

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

FULL DETAILS:

1. Full Name of complainant
2. NRIC / Passport Number:
3. Address for Correspondence
Street 1.
Street 2.
City
Postcode State Country.....
Mobile Phone Number: Telephone No:
4. Email :
5. Name of Patient (if the complainant is not the patient)
.....
6. NRIC / Passport Number:
7. Address for Correspondence
Street 1.
Street 2.
City
Postcode State Country.....

Mobile Phone Number: Telephone No:
8. Email:

9. Subject / Title of the Complaint:

10. Describe your complaint **with** the following details

Date: Time:

a) Doctor's Full Name:

Address of Practice

Street 1.

Street 2.

City

Postcode**State****Country**.....

Telephone / Mobile Phone Number:

Email:

b) Doctor's Full Name:

Address of Practice

Street 1.

Street 2.

City

Postcode**State****Country**.....

Telephone / Mobile Phone Number:

Email:

(Note: If the complaint is against more than 2 doctors, please give the particulars of the doctors involved in an additional sheet)

c) Hospital/Facility's Full Name:

Hospital/Facility's Address:

Street 1.

Street 2.

City

Postcode**State****Country**.....

Telephone Number:

Email:

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

- a)
- b)
- c)
- d)
- e)

Please do not send any original materials and documents. We cannot take responsibility for these in case they are lost or misplaced.

DECLARATION & CONSENT TO DISCLOSE

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

I hereby consent for all my complaints, documents and materials and all future correspondences related to the said complaint to be forwarded to the Ethics Committee, any other relevant Committees in the Malaysian Medical Association, the respondent doctor(s), and the related healthcare facility or any other relevant government agencies, at the discretion of the Honorary General Secretary or the Chairman of the Ethics Committee of the Malaysian Medical Association.

Signature:

Name.....

NRIC / Passport No:

Date:

