**Note: Please complete this acknowledgement form and email it to** [**smc@spb.gov.sg**](mailto:smc@spb.gov.sg) **together with one consolidated PDF file containing the (i) endorsed SD, (ii) complaint letter and (iii) supporting documents. All documents submitted to SMC should be scanned in colour.**

**LETTER OF ACKNOWLEDGMENT**

|  |  |  |
| --- | --- | --- |
| I, |  | , acknowledge that: |

|  |  |  |
| --- | --- | --- |
|  | I have read and understood all the contents of the information sheet. |  |
|  | I am aware that the SMC disciplinary process is only suitable for certain types of complaints, and have considered all the other avenues (e.g. approaching the healthcare institution directly for assistance, mediation schemes by MOH Holdings) indicated. |  |
|  | I confirm that I am willing to undergo mediation where my complaint is assessed to be suitable. |  |
|  | I understand that the indicated timeline for the processing of complaints is an estimate and not a guarantee that an outcome will be issued within a certain period. |  |
|  | Where necessary, \*the patient’s / my information may be provided to the doctor and \*the patient’s / my medical records may be requested and accessed by the Inquiry and/or Complaints Committee and any other person who may be called upon to assist in the investigation of the case. |  |
|  | I have sought the patient’s consent to lodge the complaint on \*his / her behalf and that \*his / her medical information may be disclosed to me. |  |

\**please delete accordingly*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Complainant**

Date: