“**A**”

« Date of Statutory Declaration »

« Your name »

« Address 1 »

« Address 2 »

« Address 3 »

Chairman, Complaints Panel

Singapore Medical Council

16 College Road #01-01

College of Medicine Building

Singapore 169854

Please note that the IC and CC cannot investigate the complaint without the full name of the doctor(s).

Dear Sir/Mdm,

**COMPLAINT AGAINST « FULL NAME OF DOCTOR(S) »**

Please state the page number on every page (including on all supporting documents)

|  |
| --- |
| 1. **Introduction** (to provide the following information, where relevant)
 |
| * State if you are the patient who was attended to by the above-named doctor(s).
* **If you are not the patient**, please state the following:
1. Full name of the patient;
2. The patient’s NRIC or passport number;
3. Your relationship with the patient (e.g. parent, child, spouse);
4. Why the patient is unable to lodge the complaint personally; and
5. Whether the patient has given consent for you (i) to lodge the complaint; and (ii) his/her medical information to be disclosed to you.
6. In the event the patient is unable to give consent, please indicate the reason (e.g. patient has passed away)
* If you decide to lodge a complaint for an incident which had taken place more than 6 years ago, or which had been made known to you more than 6 years ago, please state the reason(s) for doing so. Where the incident was made known to you 6 years or more after the incident, please detail the chronology and basis of how you came to know of it.

*Note: For a complaint which is lodged beyond the 6-years limitation period, it will need to be referred to the President of Disciplinary Commission, MOH for assessment on whether there is public interest to refer such a complaint to the Chairman of the Complaints Panel.* |
| 1. **Summary of your complaint**
 |
| * Provide a summary of the date(s) and location(s) of the incident(s).

*Example:**“I am the mother of the patient, «Name of patient in full» of Birth Certificate number: «BC number». I am making this complaint as my daughter was one year old when the incidents happened between DD MM YYYY and DD MM YYYY at «name of clinic or hospital».”* |
| **3. Key allegations and details of your complaint**  |
| * Provide a title for each allegation against each doctor, followed by details.

***Example A (complaint against one doctor):****“Title: Failure to provide professional service**Details: On DD MM YYYY, during my consultation with the doctor, he had made the wrong diagnosis for my condition which resulted in me undergoing unnecessary treatment.”**“Title: Overcharging for consultation**Details: On DD MM YYYY, I had a short consultation with the doctor of less than 5 minutes and was only given two types of flu medications. However, I was charged a consultation fee of $400, which was more than 10 times the amount I have been charged at other GP Clinics for the same type of illness and medicine.”* ***Example B (complaint against more than one doctor):****Title: Failure of «Name of first doctor» to diagnose my condition* *Details: [Please provide particulars specific to this doctor’s alleged failure]**Title: «Name of second doctor» was rude and made condescending remarks**Details: [Please provide particulars specific to this doctor’s alleged conduct]* |
| **4a. Have you attempted to resolve the matter directly with the doctor and/or healthcare institution?**  |
| * If yes, please state your reason why you decide to lodge a complaint with SMC?
* If no, please state your reason why you decide not to do so?
 |
| **4b. Have you considered any of the mediation schemes by MOH Holdings to resolve the matter (see paragraph 9b of the information sheet)?**  |
| * If yes, please state your reason why you decide to lodge a complaint with SMC?
* If no, please state your reason why you decide not to do so?
 |
| **4c. Would you be keen to resolve the matter via mediation if your case is assessed to be suitable?**  |
| Please indicate your response to this question. For example, * *Yes, I am keen to go for mediation if my case is assessed to be suitable.*
* *No, I decline to go for mediation even if my case is assessed to be suitable.*
 |
| **5. Any Police report made / Legal Proceedings?** |
| * Please indicate if you have made any Police report(s) (or reports to any other enforcement agency) and/or commenced legal proceeding(s) against the named doctor(s) which arise from the same set of facts and particulars detailed in this complaint.
* If yes, please provide the Police’s and/or Court’s reference number and attach a copy of the Police report(s) and/or Court’s documents.

*Example:**“I have made a Police report at «location of police station» and/or commenced legal proceedings against «Name of doctor(s) in full» at the State Courts\* / High Court\* which arise from the same set of facts and particulars detailed in my complaint. The Police’s\* / Court’s\* reference number is «reference number».*  *\* Please delete where applicable* |
| **6. Any supporting documents?** |
| Please refer to the template at [*Annex A*](#_Annex_A)*Example:**[Annex A: Timeline of Events]* *[Annex B: Discharge Summary dated DDMMYYYY]**[Annex C: Emergency Notes dated DDMMYYYY]* *[Annex D: Medical Report dated DDMMYYYY]**[Annex E: Correspondence with Dr XXX]**[Annex F: Correspondence with XXX Hospital]**[Annex G: Coloured Photographs of XXX dated DDMMYYYY]* |

Yours faithfully

**[Signature]**

[Name in full]

# Annex A

**TIMELINE OF EVENTS**

Please annex your supporting documents accordingly

|  |  |  |
| --- | --- | --- |
| **S/N** | **Date** | **Occurrence** |
| 1 | DD MM YYYY | * *I visited the Emergency Department of XXX Hospital at about 1.00am as I had a difficulty in breathing…*
* *Saw Dr XXX at about 1.30am. Told him that I have been feeling breathless since 11.00pm…*
* …
* …
 |
| 2 | DD MM YYYY | * I returned to see Dr XXX at the Outpatient Clinic of XXX Hospital as scheduled.
* …
* …
* …
 |
|  |  |  |
|  |  |  |
|  |  |  |