

“A”

« Date of Statutory Declaration »

« Your name »

« Address 1 »

« Address 2 »

« Address 3 »

Chairman, Complaints Panel  
Allied Health Professions Council  
16 College Road, #01-01  
College of Medicine Building  
Singapore 169854

Please note that Complaints Committee may not be able to investigate the complaint without the full name of the Allied Health Professional (AHP).

Dear Sir

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

**1. Introduction** (to provide the following information, where relevant)

- State if you are the patient who was attended to by the above named AHP(s).
- **If you are not the patient**, please state the following in the complaint:
  - a) Full name of the patient;
  - b) The patient's NRIC or passport number;
  - c) Your relationship with the patient (e.g. parent, child, spouse);
  - d) Why the patient is unable to lodge the complaint personally; and
  - e) Whether the patient has given consent for you (i) to lodge the complaint; and (ii) his/her medical information to be disclosed to you.
  - f) In the event the patient is unable to give consent, please indicate the reason (e.g. patient has passed away)
- Provide a summary of the date(s) and location(s) of the incident(s).

**2. 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 DDMMYYYY and DDMMYYYY at « Name of healthcare institution ».”*

**3. Key allegations and details of your complaint**

- Provide a title for each allegation against each AHP, followed by the details.

**Example A (complaint against one AHP):**

*Title: Failure to provide professional service*

*Details: On DDMMYYYY, during my consultation with the AHP, he had made the wrong diagnosis of my condition which resulted in me undergoing unnecessary treatment.*

*Title: [Please provide title of the second allegation]*

*Details: [Please provide details of the second allegation]*

**Example B (complaint against more than one AHPs):**

*Title: Failure of « Name of first AHP » to diagnose my condition*

*Details: [Please provide details specific to this AHP's alleged failure]*

*Title: [Please provide title of the allegation against second AHP]*

*Details: [Please provide details of the allegation against second AHP]*

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

**4. Have you attempted to resolve the matter directly with the AHP and/or healthcare institution? Have you considered any of the mediation schemes by the MOH Holdings (see FAQ Question 5b) to resolve the matter?**

- If yes, please state your reason why you decide to lodge a complaint with AHPC.
- If no, please state your reason why you decide not to do so.

**5. Any police report made/ legal proceedings?**

- Please indicate if you have made any police report(s) and/or commenced legal proceeding(s) against the named AHP(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 AHP(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 appropriate

**6. Any supporting documents?**

**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: Correspondences with AHP]*

*[Annex F: Correspondences with XXX Hospital]*

*[Annex G: Coloured Photographs of XXX dated DDMMYYYY]*

Please refer to the template at Annex A

Yours faithfully

**[Signature]**

[Name in full]

Please annex your supporting documents accordingly

**TIMELINE OF EVENTS**

<b>S/N</b>	<b>Date</b>	<b>Occurrence</b>
1	[DDMMYYYY]	<ul style="list-style-type: none"><li>- <i>I visited the Rehabilitation Department of XXX Hospital at about 1.00am as I had just completed a surgery...</i></li><li>- <i>Saw AHP XXX at about 1.30am. Told him that I have been feeling pain on my knee since 11.00pm...</i></li><li>- ...</li><li>- ...</li></ul>
2	[DDMMYYYY]	<ul style="list-style-type: none"><li>- <i>I returned to see AHP XXX at the Outpatient Clinic of XXX Hospital as scheduled.</i></li><li>- ...</li><li>- ...</li><li>- ...</li></ul>

**[Signature]**