

TO: THE REGISTRAR

P O BOX 205

Pretoria

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553 Madiba Street, Arcadia, Pretoria, 0001

Please send the completed form to:

LegalMed@hpcsa.co.za (Email) or

(012) 338 4895 (fax) or

Post(see postal address above)

COMPLAINT FORM

Please only complete up to section 4 of the form

1. DETAILS OF COMPLAINANT

Full names of complainant	
Postal Address	
Physical Address	
Cell phone number	
Landline number	
Fax number	
E-mail address	
Has the complainant previously filed a complaint with the HPCSA?	
If so, please provide the reference number	

2. DETAILS OF PRACTITIONER

Name of Practitioner	
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Physical/Postal Address	
Practice Number	
Telephone number	
Cell Number	
E-mail address	

3. DETAILS OF COMPLAINT

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List of documents relevant to complaint attached to this form	
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What outcome do you propose for this complaint?	
Date	
Place	
Signature of complainant	
4. DECLARATION/CONSENT BY PATIENT	
By signing below I confirm that I am aware that the complainant was authorised by myself to lodge a complaint on my behalf(<i>where complainant is not a patient</i>) and I further give consent to the practitioner to disclose confidential information to the HPCSA in the course of addressing my complaint against him/her should it be necessary	
Signature of patient for disclosure of confidential information	
5. OFFICE USE ONLY	
Reference number	