Comhairle na nDochtúirí Leighis
Medical Council

SAVE PRINT CLEAR FORM

Complaint form

What the Medical Council can do

The Medical Council is responsible for protecting the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among doctors.

The Medical Council can look into complaints about individual doctors. Anyone can make a complaint to the Medical Council about a doctor. This includes members of the public, employers and other healthcare staff. The Medical Council may also make a complaint about a doctor.

The Medical Council's Preliminary Proceedings Committee is responsible for looking into complaints about doctors.

What the Medical Council cannot do

The Medical Council cannot:

- Look into complaints about anyone who is not a registered doctor (for example; nurses, pharmacists, dentists, opticians, social workers, hospitals, clinics or other healthcare organisations).
- Pay you compensation or help you make a claim for compensation.
- Give legal or professional advice or representation to you.
- Make a doctor apologise to you.
- Order a doctor to do something for you such as; provide the treatment that you want, write a prescription for you or give you access to your records.
- Give you a detailed explanation of what happened to you. This can only come from the doctor or healthcare provider.
- Give or arrange medical treatment or counselling for you.

Disclosure

In order to deal with your complaint we will need to disclose your complaint form and other personal data to the doctor(s) concerned. For further details on how we handle your personal data, please see our Privacy Notice for Complainants which is available on our website **www.medicalcouncil.ie/Public-Information/Making-a-Complaint-/Complainant-Privacy-Notice.pdf.** If you have any further queries in relation to how we handle your personal data, please contact the Professional Standards Department before submitting your complaint form.

Additional information

Before completing this form, we recommend that you read our booklet *"Making a complaint about a doctor"* which is available on our website **www.medicalcouncil.ie.** The booklet contains information about the complaints process including information about circumstances in which complaints are referred to inquiry, referred to mediation, referred to a professional competence scheme or referred to another body or authority.

There are a number of patient support groups who may be able to assist you with your complaint. Contact details for these patient support groups can be found on our website **www.medicalcouncil.ie.**

Please complete all sections of this form before submitting your complaint. If you are unsure of anything please contact Professional Standards on 01 498 3405.

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1. YOUR DETAILS (For office use only)

Title

Your full name

Your address

Your daytime contact number

Your email address

If you are the patient please skip to section 2. If you are not the patient please provide the following information:

The patient's full name

The patient's address

Describe your relationship with the patient

☐ Employer ☐ Employee ☐ Colleague ☐ Relative
☐ Patient's solicitor ☐ Patient's support ☐ Other (please specify)

Do you have the consent of the patient to make this complaint?

☐ Yes ☐ No

Is the patient aware of this complaint?

☐ Yes ☐ No

Where the patient is deceased

Are you the next of kin* of the patient?

☐ Yes ☐ No

If you are not next of kin please provide the name and contact details of the patient's next of kin on a separate page.

In circumstances where you are not the patient, the Medical Council may write to the patient or the patient's next of kin to obtain consent to share information relating to the complaint with you.

* You may be requested to provide evidence of your status as next of kin.

Complaint form

2. PATIENT DETAILS

Your name

Relationship to patient?

The patient's full name
(if you are not the patient)

The patient's date of birth D D M M Y Y Y Y

The patient's gender

3. DETAILS OF THE DOCTOR YOU ARE COMPLAINING ABOUT AND YOUR COMPLAINT

Please give us the full name(s) of any doctor(s) you are complaining about, together with their work address, if you know it, or the address where the patient saw the doctor(s). The doctor(s) complained of will be sent a copy of your complaint. If you are complaining about more than one doctor please complete a **separate** sheet for each doctor outlining your specific complaint about each individual doctor. Please continue on a separate sheet if there are more than two doctors.

Every doctor has a registration number. Please include the registration number on the form. You can find the registration number on the Medical Council's website www.medicalcouncil.ie.

If you cannot find the doctor's registration number, please contact the Professional Standards department for assistance.

☐ Please tick here if you are complaining against more than 2 doctors.

(Doctor 1)
The doctor's full name

The doctor's registration number

Address

Date of incident /
Time range of care

Location of incident

3. DETAILS OF THE DOCTOR YOU ARE COMPLAINING ABOUT AND YOUR COMPLAINT

Please describe your complaint as fully as possible. Explain exactly what happened, where it happened and when it happened (please use dates if possible). Please provide information specific to the doctor referred to above. If you are completing this form by hand please write clearly and if possible please use block capitals. Alternatively please provide details of your complaint on a separate typed sheet and attach it to this form.

☐ Please tick here if you have provided your complaint on a separate sheet.

3. DETAILS OF THE DOCTOR YOU ARE COMPLAINING ABOUT AND YOUR COMPLAINT

Please give us the full name(s) of any doctor(s) you are complaining about, together with their work address, if you know it, or the address where the patient saw the doctor(s). The doctor(s) complained of will be sent a copy of your complaint. If you are complaining about more than one doctor please complete a **separate** sheet for each doctor outlining your specific complaint about each individual doctor. Please continue on a separate sheet if there are more than two doctors.

Every doctor has a registration number. Please include the registration number on the form. You can find the registration number on the Medical Council's website **www.medicalcouncil.ie.**

If you cannot find the doctor's registration number, please contact the Professional Standards department for assistance.

☐ Please tick here if you are complaining against more than 2 doctors.

(Doctor 2)

The doctor's full name	
The doctor's registration number	
Address	
Date of incident / Time range of care	
Location of incident	

Please describe your complaint as fully as possible. Explain exactly what happened, where it happened and when it happened (please use dates if possible). Please provide information specific to the doctor referred to above. If you are completing this form by hand please write clearly and if possible please use block capitals. Alternatively please provide details of your complaint on a separate typed sheet and attach it to this form.

☐ Please tick here if you have provided your complaint on a separate sheet.

4. DOCUMENTS

If you have any documents, such as letters or medical records that might support your complaint, please enclose copies and list them here. If you ask us to, we will return any documents you send to us once we have copied them.

5. WITNESSES

Did anyone else see or hear the things that you are complaining about? If so, please give us their names and explain how each person was involved.

6. OTHER ORGANISATIONS

If you have made a complaint about this to any other organisations it would be helpful if you would complete the section below. Please note the Medical Council's consideration of a complaint is independent to any other body or organisation and your complaint will be considered by the Medical Council on its own merits.

Have you made a complaint about this to any other organisation? ☐ Yes ☐ No

If you have complained to another organisation please say which organisations you have complained to.

If you complained to another organisation, please give brief details of what happened to your complaint and send us copies of any correspondence between you and them.

7. CHECKLIST AND DECLARATION

In order to investigate your complaint, we will be providing your complaint to the doctor(s) concerned, however we may also need to give details of your complaint to:

- The doctor's employer(s)
- The doctor's legal representative(s)
- Other public bodies

We may also need to share details of your complaint with other relevant individuals or organisations in order to carry out our investigation. The details we may need to share include your name, date of birth, information and documents provided by you. It will not include the contact details such as your telephone number or email address provided on this form.

Please see our **Privacy Notice for Complainants** for further detailed information on how we handle personal data and your data subject rights.

CHECKLIST

Please make sure that you have:

- ☐ Read the information booklet in relation to how to make a complaint.
- ☐ Given us your full name and if possible a contact telephone number.
- ☐ Given us the full name and relevant details of the doctor(s) concerned.
- ☐ Described your complaint as fully as possible.
- ☐ Enclosed any other supporting documentation such as medical records.
- ☐ Enclosed any correspondence about your complaint that you have sent to, or received from, any other organisation you have complained to.
- ☐ Provided details of the hospital or surgery where the patient's medical records are held.
- ☐ Checked that all pages of this form are complete and enclosed together with any additional pages.

☐ I have read the **Privacy Notice for Complainants,** which explains how my personal data may be processed by the Medical Council

DECLARATION

☐ I declare that all information I have given in this form is, to the best of my knowledge, complete and accurate.

If you are completing this form electronically, please type your name in the signature field below.

Signature

Date

D D M M Y Y Y Y

8. MEDICAL RECORDS

To consider your complaint we may need to obtain copies of your medical records or, if you are not the patient, the patient's medical records.*

In order to obtain these records we need you to tell us the name(s) of the hospital or surgery holding the records that relate to the matter being complained about.

Organisation's name where records are held

Organisation's address (If known)

If relevant medical records are held in more than one location, please continue on a separate sheet

As set out in the **Privacy Notice for Complainants** the Medical Council may obtain copies of relevant medical records from the healthcare provider(s) and any other relevant organisations for the purpose of investigating the complaint. We will only process personal data relating to the health of a patient in the manner described in the **Privacy Notice for Complainants.**

*Please note if necessary, the Preliminary Proceedings Committee can issue a direction compelling the release of medical records.

When you have completed this form please email it to us at **complaints@mcirl.ie**

Or if you do not have access to email please post it to us at:

Professional Standards,
Medical Council,
Kingram House,
Kingram Place,
Dublin 2.

If you require more information about how we deal with complaints please visit our website at **www.medicalcouncil.ie**

or contact us on **01 498 3405.**