

Complaint form

The quickest and easiest way to complain about a doctor is to use our online form at www.gmc-uk.org/complaint. When you submit your complaint online, we will email you with your reference number.

If you can't use our online form, please use this form to make your own complaint about a doctor, or to complain on someone else's behalf.

If you need help, please read our booklet *How to complain about a doctor* at www.gmc-uk.org/concernspublications, call us on 0161 923 6602 or visit www.gmc-uk.org/concerns.

Please fill in the form in blue or black ink, in CAPITALS, giving us as much detail as you can.

The information you will need to complete this form

Before filling in this form, you may find it useful to gather the following information.

- The **name of the doctor** who you want to complain about.
- The doctor's unique seven-digit **GMC reference number** that we use to identify them. All doctors registered to work in the UK have a number and it will help us to process your complaint more quickly.

You can find a doctor's GMC reference number by:

- asking your doctor
- searching our online medical register at www.gmc-uk.org/LRMP
- checking other healthcare websites – you can find details of these on our website at www.gmc-uk.org/identifyadr.

- The **date** (or approximate date) that the incident you wish to report took place.
- **Details of the incident** – for example, where did the incident happen? What do you feel the doctor has done wrong? What happened to you or the patient as a result of the doctor's actions?
- If you have already complained to another organisation, such as your local surgery or hospital, it will help us if you can provide **details of who you complained to and what the outcome was**.

If you have complained to the GMC before about this matter

Please put your concerns in writing, quoting the reference number we previously gave you, then email them to us at practise@gmc-uk.org or write to us at the General Medical Council, Fitness to Practise Directorate, 3 Hardman Street, Manchester M3 3AW.

Please do not submit a new complaint in this instance.

If you cannot find or remember the reference number, please tell us the name of the doctor and/or the date when you first made the complaint.

Title (Mr, Mrs, Ms, etc)

Full name

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Address

Postcode

Home phone number

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Mobile number

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Email address

Date of birth

ddmm

yyyy

Gender

M/F

Your GMC reference number, if you are a doctor

11

11/11/2019

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Reasonable adjustments

We are committed to making reasonable adjustments, in line with the *Equality Act 2010*, to help disabled people to complain about a doctor. Please tell us if you need any reasonable adjustments, such as receiving this form or information about the complaints procedure in an alternative format (eg large print or audio).

Who you are

For example: patient, patient's parent, patient's guardian, patient's spouse or partner, patient's relative, patient's legal representative, patient's friend, concerned member of the public, concerned doctor or another health professional.

I am the

If you are **not** the patient, please give us more information about them.

Title (Mr, Mrs, Ms, etc)

Patient's full name

Date of birth

ddmm

yyyy

Gender

M/F

Doctor's details

Please give the details of the doctor(s) you are complaining about.

First doctor's details

Doctor's full name

Organisation's name

Department

Organisation's address

Postcode

Please give any other information that you think might help us to identify the doctor such as the type of doctor or the doctor's specialty.

Gender

GMC reference number

Second doctor's details

Doctor's full name

Organisation's name

Department

Organisation's address

Postcode

Please give any other information that you think might help us to identify the doctor such as the type of doctor or the doctor's specialty.

Gender

GMC reference number

If there are more than two doctors involved, continue on a separate sheet and attach it securely to this form. Please tick here if you have continued on a separate sheet. ☐

Incident date

dd mm yyyy

You can provide other relevant dates in the *Summary of your complaint* below.

Continued >

Continued >

If necessary, continue on a separate sheet and attach it securely to this form. Please tick here if you have continued on a separate sheet. ☐

Witness information

If anyone witnessed the incident, please give their name(s) and explain what you think they may have seen or heard.

Supporting documentation

If you have any documents that you feel are relevant to your complaint, please enclose copies and list them here. If you ask us to, we will return any original documents you send once we have copied them.

Further information about your complaint

If you have already complained about this matter to your doctor's surgery or hospital, the local trust, health board or another regulatory body, please give the details below. If not, please go to the *Consent and declaration* section.

First organisation's details

Contact's name

Contact's email address

Organisation's name

Department

Organisation's address

Postcode

Please give brief details of their response to your concern, including any verbal feedback that you may have been given.

Second organisation's details

Contact's name

Contact's email address

Organisation's name

Department

Organisation's address

Postcode

Please give brief details of their response to your concern, including any verbal feedback that you may have been given.

If you have complained about this matter to more than two organisations, continue on a separate sheet and attach it securely to this form. Please tick here if you have continued on a separate sheet. ☐

Supporting documentation

If you have any documents, such as a copy of the complaint letter or the response that you received from the healthcare provider that you feel are relevant to your complaint, please enclose copies and list them here. If you ask us to, we will return any original documents you send once we have copied them.

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Consent and declaration

We would like your permission to tell the doctor(s) concerned, their employers and other relevant individuals or organisations about your complaint if necessary to progress an investigation. In some circumstances we can share your complaint without your consent, but would prefer to have your agreement. Where this is not the case, you need to be aware that, if you do not give your permission, **we may not be able to take your concern any further**. Please tick the box below to give us your permission to share your complaint in order to deal with your concerns or to assist another organisation or individual to do so.

Consent and declaration statements

I agree that the GMC can tell the doctor(s) concerned, their responsible officer/suitable person, their employers and any other relevant individuals or organisations about my complaint, and can share any information I provide in connection with it, in order to make enquiries and/or carry out an investigation in relation to the matter. I also agree that the GMC can pass the complaint to another appropriate body or individual (including the doctor's responsible officer/suitable person) if it is not (or not solely) a matter for the GMC.

Yes ☐ No ☐

I agree to co-operate with the GMC's investigation including, for example, providing a statement.

Yes ☐ No ☐

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

Signature

<div></div>

Date

<div>dd</div>	<div>mm</div>	<div>yyyy</div>
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If you are the patient, please also complete the following

I agree that the doctor(s) concerned, their employers or other relevant individuals or organisations can provide the GMC with any information about me that the GMC needs to consider my complaint, including my medical records.

Yes ☐ No ☐

Signature

<div></div>

Date

<div>dd</div>	<div>mm</div>	<div>yyyy</div>
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Medical records consent

To consider your complaint we may need to get copies of the patient's medical records. To do this, we need to have the consent of the patient, their guardian or legal representative. We also need you to tell us the name(s) of the hospital or surgery holding the records, that relate to the matter being complained about. We may need to share these records with the doctor as part of our investigations.

We may not need copies of the medical records but, if we do, it will save time if you give us your consent at this stage.

Organisation's name where records are held

Organisation's address(if known)

Postcode (if known)

If relevant medical records are held in more than one location, please continue on a separate sheet and attach it securely to this form. Please tick here if you have continued on a separate sheet. ☐

If you are the patient

I give permission for the GMC to obtain copies of my medical records for the period the GMC considers relevant to this complaint.

Your name

Signature

Date

Date of birth

If you are the next of kin or legal representative for a patient who is younger than 16 years or has died

Your name

Relationship to the patient

I give my permission for the GMC to obtain copies of the medical records for the patient for the period the GMC considers relevant to this complaint. I confirm that I have the legal authority to give this permission.

Patient's name

Patient's date of birth

Patient's date of death (if applicable)

Your signature

Date

Checklist

Please make sure that you have:

- checked that all pages of this form are filled in and additional pages are enclosed
- given us your name and, if possible, a daytime phone number
- given us as much information about the doctor(s) concerned as you can
- described your complaint as fully as possible
- enclosed any letters about your complaint that you have sent to, or received from, any other organisation you have complained to
- completed the *Consent and declaration* section.

What happens next?

When you have completed this form, please send it to:

Fitness to Practise, General Medical Council, 3 Hardman Street, Manchester M3 3AW.

We will review your complaint and tell you within two weeks whether we will be investigating it further. If we are unable to investigate, we will explain why.

Thank you for taking the time to complete this form.