

GMC Contact					
Legal Contact				Legal Telephone	
Investigations Contact				Investigations Telephone	
Date sent				Email(s)	
Referred by	Self <input type="checkbox"/>		Defence solicitor <input type="checkbox"/>		GMC solicitor <input type="checkbox"/>
Complainant/Witness					
Name				Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Case number				Complainant or Witness?	
Allegation					
Tel. Mobile		Tel. Work		Tel. Home	
Consent to leave messages? Yes <input type="checkbox"/> No <input type="checkbox"/>		Email			
Preferred Contact Method					
Address					
Adult/Youth		Age		Parent/Guardian:	
Hearing					
Doctor's name				Hearing Date(s)	
Special Measures					
Type <i>(please tick)</i>	Anonymity of Name <input type="checkbox"/>		Screens <input type="checkbox"/>		Live Link <input type="checkbox"/> Remote telephone Link <input type="checkbox"/>
Other? <i>(please state)</i>					

Additional comments (e.g. preferred time of contact)