

## Making a complaint, compliment or comment about the GMC

Please use this form to give feedback to the GMC about the services we provide. If you would like to raise a concern about a doctor, physician associate or anaesthesia associate, please do not use this form. Instead go to our [Concerns](#) webpage.

### Your details

Question	Answer
<b>Title</b> (Mr, Mrs, Ms, Dr etc)	
<b>Full name</b>	
<b>Email address</b>	
<b>Phone number</b>	
<b>GMC reference number (if applicable)</b>	
<b>Other reference number (if we have previously asked you to quote one)</b>	
<p><b>Which of the following best describes you?</b></p> <ul style="list-style-type: none"> <li>● Patient or patient representative</li> <li>● Doctor, physician associate or anaesthesia associate</li> <li>● Other</li> </ul>	
<p>If you're giving feedback on someone else's behalf, please provide their name, contact details, and your relationship to them (e.g. partner, friend, advocate).</p> <p><b>We may contact them to request their consent to liaise through you.</b></p>	
End of section, now use the down cursor key to go to the next section.	

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## Reasonable adjustments

Question	Answer
We are committed to making reasonable adjustments, in line with the Equality Act 2010. Please use the next box to tell us if you need any reasonable adjustments, such as receiving this form or information about the complaints procedure in an alternative format (e.g. large print).	
End of section, now use the down cursor key to go to the next section.	

## Your feedback

Question	Answer
<b>Is your feedback a complaint/compliment or comment?</b> <ul style="list-style-type: none"><li>● Comment – do you have an idea or do you want to tell us something?</li><li>● Compliment – do you want to thank someone?</li><li>● Complaint – are you unhappy with the service you've received?</li></ul>	
<b>Would you like a response to your feedback?</b> Yes or No	
Please tell us which from the following services, does your feedback relate to? <ul style="list-style-type: none"><li>● Fitness to practise</li><li>● Registration</li><li>● Revalidation</li><li>● Guidance about a professional standards or ethical issue</li></ul>	

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Question	Answer
<ul style="list-style-type: none"> <li>● The GMC's work in medical education and training</li> <li>● A GMC Event, campaign or other communications activity</li> <li>● The handling of a request under the Data Protection or Freedom of Information Act</li> <li>● Other</li> </ul>	
<p><b>Please explain what you are contacting us about and what happened? What do you think we did wrong / did well?</b></p>	
<p><b>Your expectations</b></p> <p>What would you like us to do with your feedback? What would you like us to do to put things right?</p>	
<p><b>Have you contacted the GMC about this matter before?</b></p> <ul style="list-style-type: none"> <li>● Yes</li> <li>● No</li> </ul>	
<p>End of section, now use the down cursor key to find out how to email this form.</p>	

Once you have completed the form, please attach the form to an email and send to [feedback@gmc-uk.org](mailto:feedback@gmc-uk.org).