



Fiji Medical & Dental Secretariat

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COMPLAINT FORM

PLEASE READ THESE NOTES BEFORE FILLING IN THIS FORM (IF YOU REQUIRE ASSISTANCE IN FILLING THIS FORM PLEASE LET OUR STAFF KNOW)

You should only use this form if you want to make a complaint against a doctor, dentist or health service provider.

You can use this form to make your own complaint against a doctor, dentist or health service provider or on behalf of another person including minors.

Please use only blue or black ink to fill the form and make sure you print your information clearly so that we can read what you have filled in the form.

Before filling in the form, you may find it useful to have the following information with you.

- 1.) the name of the doctor or dentist involved;
- 2.) the date or approximate date of the incident that you are making the complaint about;
- 3.) details of the incident, for example, where did the incident happen? What do you feel was done wrong by the doctor or dentist? What happened to you or the person you are making the complaint on behalf of as a result of the doctor's or dentist's actions or inactions?
- 4.) if you have complained to another organisation it will be helpful to let us know by providing details of who you complained to and what the outcome was.

Except for the name of the practitioner you are making the complaint about, all other information is optional **HOWEVER** your failure and/or refusal to provide the requested information will make it difficult to promptly attend to your complaint.

You are encouraged to provide as much information as possible relating to the complaint.

Only genuine complaints will be entertained and investigated.

Anonymous complaints will not be entertained.

Complaint Forms must be accompanied with a \$10.00 non-refundable fee. If you are unable to pay this fee please let our staff know at the time of submitting your Complaint Form.

If you change any of your contact details you should advise the Secretariat so that records can be updated. Failure to advise the Secretariat of changes may prevent you from getting progress updates or the Secretariat requesting further information from you which could hinder the Secretariat's ability to properly address your complaint. The Secretariat does not accept liability for any consequences arising out of your neglect, refusal and/or failure to advise of changes in contact details.

DETAILS OF PERSON LODGING THE COMPLAINT

Full name: _____

Postal address: _____

Electronic mail: _____

Telephone number: _____
(Mobile) (Home) (Work)

Relationship to the Patient: _____

DETAILS OF PATIENT

Full name: _____

Postal address: _____

Electronic mail: _____

Telephone number: _____
(Mobile) (Home) (Work)

Date of birth: _____

DETAILS OF PRACTITIONER OR HEALTH SERVICE PROVIDER COMPLAINED AGAINST

Name of practitioner/health service provider: _____

Address of practitioner/health service provider: _____

Any other information that may help us identify the practitioner you are notifying us about: _____

DETAILS OF ALLEGED INCIDENT

Date of the alleged incident (Date, month and year). *If you cannot remember the exact date please provide an approximate date. If the incident you are complaining about happened more than two (2) years ago please explain to us why you did not raise it with us earlier.*

NATURE OF COMPLAINT

Please place ticks inside the boxes that best describe the nature of your complaint and provide details in the section titled "Summary of complaint".

- Sub-standard care (e. g. misdiagnosis, negligent treatment, delay in treatment, etc.)
- Unlicensed provider or aiding and/or abetting unlicensed practice
- Sexual misconduct
- Practitioner impairment (e. g. drug, alcohol, mental, physical)
- Unprofessional conduct (e. g. breach of confidentiality, record alteration, misleading advertisement, fraud)
- Office practice (e. g. failure to provide medical records to patient, patient abandonment)
- Other, please specify on a separate sheet of paper

SUMMARY OF COMPLAINT

Please give as much information as you can about your complaint. This is where you tell us about what you think the practitioner or health service provider may have done wrong and what happened to you as a result of the practitioner's or health service provider's action or inaction. Please use separate sheets of paper if the space below is not enough.

If your complaint is about more than one (1) doctor or dentist then please tell us clearly what you think each doctor or dentist may have done wrong.

If you are complaining about incidences that happened over a period of time please state the individual dates.

WITNESS INFORMATION

Provide details of anyone who may have witnessed the incident you are complaining about. Provide the name(s) and contact details.

Witness 1: _____

Witness 2: _____

SUPPORTING DOCUMENTATION

If you have any documents you think may help us in attending to your complaint please list them here and submit them with this Complaint Form. At your request we will return original documents but only after we have made copies. Photocopied documents should preferably be certified as true copies when given to us.

1. _____

2. _____

3. _____

4. _____

5. _____

CONSENT AND DECLARATION

We require your consent to tell the practitioner(s) or health service provider whom you have complained against that a complaint has been lodged against him/her/them. This consent may also extend to informing other relevant authorities and individuals, organisations or practitioner’s employer in order to ensure that your complaint is progressed promptly. If you do not provide your consent, **we will not be able to progress your complaint further.**

Consent and declaration statements

I agree that the Fiji Medical and Dental Secretariat (hereinafter the “Secretariat”) can tell the practitioner(s) concerned, his/her/their employer, or health service provider, or other relevant authorities and individuals and organisations about my complaint and share any information I provide relating to my complaint if it is necessary to progress my complaint.

I further agree to co-operate with the Secretariat’s investigations including, but not limited to, providing a statement.

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

I further declare that I understand that if I am found to have knowingly provided information which is untrue and/or incorrect that the Secretariat may at its discretion decide to discontinue further action on my complaint and that I may be subject to legal proceedings.

Signature

Date (day, month and year)

If you are the patient, please complete the following

I agree that the practitioner(s) or health service provider concerned, their employers or other relevant individuals or organisations can provide the Secretariat with any information in their possession which the Secretariat deems necessary to consider my complaint, including but not limited to, my medical records.

Signature

Date (day, month and year)

CHECKLIST

Before submitting this form make sure that you have:

1. answered each question on every page of the form;
2. given us as much information as possible – remember what you may think is irrelevant may be important in the consideration of your complaint;
3. described your complaint as fully, accurately and truthfully as possible;
4. provided any and all documents which may help in the consideration of your complaint; and
5. completed the section on “Consent and declaration”

WHAT HAPPENS AFTER RECEIPT OF YOUR COMPLAINT?

If in the assessment of the Secretariat the complaint arose from a misunderstanding between the parties then the Registrar of the Secretariat can investigate the matter and facilitate a meeting between the parties with the view to reaching an amicable resolution between the parties. In this instance the matter will be treated as a notification and not a complaint and Section 54 sub-section 4 of the Medical and Dental Practitioner Decree 2010 is applicable.

If a resolution cannot be reached between the parties the matter will be progressed as a complaint to either the Medical Professional Conduct Committee (MPCC) or the Dental Professional Conduct Committee (DPCC), whichever is applicable.

However, if from the information alone which you have provided it is deemed serious to warrant that the matter be dealt with directly by the MPCC or DPCC then the matter will be treated as a complaint by-passing the provisions of Section 54 sub-section 4.

Whether your allegation is administered as a notification or complaint the practitioner or health service provider will be given the opportunity to respond. Depending on the complexity and seriousness of your allegation(s) the practitioner(s) or health service provider may be given between seven (7) and twenty-one (21) working days to respond.

Once the matter has been progressed as a complaint it will then be for the MPCC or DPCC to decide if there is merit to the complaint which warrants the appointment of an investigator.

Whilst every effort is made to conclude all notifications and complaints within a reasonable time frame we request your consideration that notifications and complaints relating to medical and dental misconduct and/or negligence take a considerable amount of time to properly investigate and a decision arrived at.

Your co-operation and patience during the attendance to your notification or complaint would be appreciated and we thank you for exercising your right to access the services of the Secretariat.

CONTACT PERSON

For clarifications and/or further information about this form or the notification and/or complaints procedure you may contact the following Secretariat personnels:

Mrs Misau V Whippy
Chief Executive Officer and Registrar
registrar@fijimds.com;

and

Miss Akosita Nayacalevu
Registration Officer
complaints@fijimds.com

OFFICIAL USE ONLY

Date received: _____

Notification No. _____

Complaint No. _____

Receipt No. _____

Waiver of fee granted. _____