MEDICAL & DENTAL COUNCIL

Guiding the Professions, Protecting the Public

This form is to help you make your report to Council

JANUARY, 2024

IDENTITY OF PERSON REPORTING

1. Your Full Name:

……..

……..

2. Occupation:

……..

……..

3. Are you a Public Officer? Yes ☐ No ☐

If no, please provide Statutory Declaration containing the specific matters raised in your complaint. Please note that complaints without statutory declaration (*unless made by a Public Officer*) cannot be acted upon by Council.

4. Place of Work:

……...

……...

……...

5. Address:

……...

……...

……...

6. Phone Number(s): ……..

……..

7. Email Address: ……..

……..

8. Fax number [if any] ……..

9. Kindly tick the appropriate box: Patient ☐ Employer ☐

Health Professional ☐ Other (specify):……

Please note that providing details of your identity is extremely important because a report can only be acted upon when the identity of the person making the report is known.

IDENTITY OF PRACTITIONER

10. The full name of practitioner.

Name of Practitioner ……...

……

11. Sex: Male ☐ Female ☐

12. Name and Address of the Health Facility/Institution where the Practitioner works or worked.

Name of Health Facility/Institution: ……..

……

This could be optional

Address of Health Facility/Institution: ……

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Details of your Report (complaint)

13. Give details of the conduct that raises concern [*Provide date(s), time, place and name(s) where applicable*]

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14. Do you have any documents (for example, letters or medical records) which might back your concern or complaint? If you do, please send us copies and list them below. If you ask us to, we will return all original documents after taking copies to the Registrar.

1.

2.

3.

15. Is there any other person who has similar concern (witness, colleague, family, friend etc.)? If so, please give the name and contact details of the person in the box below:

Name: .....

Relationship to Complainant: .....

Contact Details: .....

.....

.....

Phone Number(s): .....

.....

Email Address [*if known*].....

16. Would this person be prepared to make a report to the Council? (Please tick)

Yes ☐ No ☐ Don' t Know ☐

17. Have you reported this concern (matter) to any other organisation (example, where the practitioner works or had worked before)?

If ' No ' move to question 19 Yes ☐ No ☐

18. If ' Yes, please indicate the name and address of the organisation you reported to. Give us brief details of what happened to your concern, and send us copies of relevant correspondence between you and that organisation, if any to the Registrar.

19. The identity of individuals who make these reports is treated with strict confidentiality. However, if it becomes necessary to break confidentiality, your permission will be sought. (I suggest this should be taken out but rather ask if they want remain anonymous)

20.

Please now sign and date the form.

Signature:_____

Date:_____

21. When you have filled in this form, please send it by post or email to:

The Registrar
Medical and Dental Council, Ghana
P. O. Box AN 10586
Accra-North
Tel.: 0302661620
Email: registrar@mdc.gov.gh and or investigations@mdc.gov.gh

Or hand delivery to:

The Medical and Dental Council's office
Behind Ghana Health Service Headquarters
Pantang Abokobi Road, Pantang
Working Hours: 08:00 am – 5:00 pm

Or download, complete and submit form online: *www.mdc.gov.gh*

22. Thank you for filling this form. Please note that once we have received your report, we will acknowledge receipt of your report within ten (10) working days from the date of receipt of your report.

23. Kindly check the following items against the information you have provided.

- ☐ Have you given us your full name and contact details?
- ☐ have you given us the full name and address of the practitioner concerned?
- ☐ have you said what your concern is?
- ☐ have you said when it happened?
- ☐ have you sent us any relevant document(s) about your concern which you have sent to, or received from, any other organisation you have reported to?
- ☐ have you sent us any other supporting documents, such as medical records, statutory declaration, etc.?
- ☐ have you signed and dated the form?

THANK YOU