



Medical Council of Guyana

Lot 162-163 Lamaha Street,

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secretarymedicalcouncil@gmail.com

Tele: #592-225-4333



COMPLAINT FORM

SECTION A

Completing this form

- Read and complete all questions.
- Ensure that all pages and required attachments are returned to MCOG.
- Use a black or blue pen only.
- Print clearly in BLOCK LETTERS
- Place X in all applicable boxes:
- DO NOT send original documents unless specified
- Send completed form to address stated above.

SECTION B

What are your details?

Title MR MRS MISS MS DR

OTHER SPECIFY

Name Mailing address

.....
.....

Contact phone number during business hours

Mobile number

SECTION C: Complaint details .

My complaint is about: Please specify one

Doctor Medex Optometrist

Individual(s) involved (if known)

.....:

3. Please describe the issue which is

of concern to you.

We need to know: •

what happened •

when it happened

(include dates) •

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who did it (include names of individuals involved)

• how and when you found out about it,

• any other relevant details

including any information or

evidence to support your complaint.

Provide details You must provide copies (not the original) of any documents that may help us to investigate. You may attach another sheet of paper to detail your information.

SECTION D

How would you like to see your complaint resolved? Provide details:

SECTION E:

Name

Date.....

DD/MM/YYYY

Signature