



**REPUBLIC OF SOUTH SUDAN**  
**SOUTH SUDAN GENERAL MEDICAL COUNCIL**

APPLICATION FOR LODGING A COMPLAINT

**FORM 9**

**I. DETAILS OF APPLICANT**

Full Names .....

indicate full names as they appear on ID card, passport or certificate of incorporation at the companies registry of

P.O Box..... Code..... Email.....

Tel/Mobile..... Residence..... Office.....

wish to lodge a complaint with the Preliminary Inquiry Committee of the GMC (SS) on behalf of myself/another (delete one)

**II. DETAILS OF COMPLAINANT (If different from above)**

a. Title and Nationality.....

b. Full names as they appear on ID card, passport or certificate of incorporation at companies registry.....

c. Postal Address.....code.....Town.....country.....

d. Physical Address (indicate building & street).....

e. Telephone .....

f. Indicate the nature of the relationship between the applicant and complainant.....

**III. DETAILS OF PRACTITIONER OR IN RESPECT OF WHOM THE COMPLAINT IS LODGED**

a. Full names.....

b. Specialty.....

c. Grade.....

d. Postal address and telephone.....

e. Physical location.....

f. Other details.....

**IV .DETAILS OF INSTITUTION**

- a. Full names.....
- b. Postal address and telephone.....
- c. Physical location.....
- d. Other details.....

**V. BRIEF NATURE OF COMPLAINT**

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**VI. DOCUMENTS ATTACHED** (tick where applicable)

- a. Double spaced typed narrative explaining background history of the matter
- b. Fee
- c. Photocopies of relevant documents
  - i. ....
  - ii. ....
  - iii. ....
  - iv. ....
  - v. ....

I solemnly and sincerely declare that the information given is true.

Signature of applicant.....Date.....

**VII. FOR OFFICIAL USE ONLY**

- 1. Case No.....
- 2. Parties Involved .....Licence No.....
- 3. Practitioner's Registration No.....Licence No.....
- 4. Institution's Registration No.....Licence No.....