# Patient Complaint Form

**The Sindh Healthcare Commission**

In pursuance of Sindh Healthcare Commission (SHCC) Act 2013, the SHCC is an autonomous body dealing with regulation and quality of health services provided in both the public and the private sector in the province of Sindh. The SHCC deals with complaints about health services affecting the clinical management or care of a patient, professional conduct of a health practitioner/healthcare establishment, and risks to the health and safety of the public.

### Making a Complaint

Any person or his/her legal representative can lodge a complaint. The complaint must be in writing using this form. It is important to include all relevant information and any relevant additional documents may be attached to this form.

### First point of making a complaint

An aggrieved person/client or his/her legal representative shall first make a complaint to the owner/manager of the healthcare establishment (HCE) within (30 days) from the day on which the person aggrieved first had the notice of the matter alleged in the complaint. A complaint should only be lodged with the SHCC if HCE is unable to resolve the issue or concern at first point- the HCE.

### Assistance required while making a complaint

If you have difficulty in writing the complaint, the SHCC helpline can be reached at number(s) **0800 07422**.

### The Complaint Process

When a complaint is lodged, the complainant will receive an acknowledgement receipt from the SHCC. Complaint will be assessed and reviewed and if it is accepted for investigation then, the SHCC will inform the complainant to provide facts before the investigation team. Every complaint is investigated on a case-by-case basis and decision will be informed in writing.

### Appeal against Decision

The complainant has the right to appeal against the decision within 30 days before the district/session judge.

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**Directorate of Complaint SHCC**

Address: 2nd Floor, Block C, Finance Trade Center (FTC), Shahrah-e-Faisal, Karachi.

+92 21 38656000, info@shcc.org.pk, www.shcc.org.pk
### PERSONAL INFORMATION OF COMPLAINTANT

#### A. Personal details

<table>
<thead>
<tr>
<th>Title (Tick the relevant Box)</th>
<th>Mr. / Nath / Muhammad</th>
<th>Mrs. / Karam / Muhammad</th>
<th>Ms. / Allah / Muhammad</th>
<th>Other (قاضی / بیور)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First &amp; Last Name of Complainant</th>
<th>نام و نام خانوادگی</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Father’s/Husband’s Name</th>
<th>والد / شوهر کا نام</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CNIC Number</th>
<th>فوجی سرکاری / محمد</th>
</tr>
</thead>
</table>

#### B. Contact details

<table>
<thead>
<tr>
<th>Current residential address</th>
<th>موجود در شیپر</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Write postal address (if different from residential address)</th>
<th>موجود در شیپر</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email address (If any)</th>
<th>موجود در شیپر</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone number</th>
<th>لینیاس / ٹیلیفون</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Preferred contact method</th>
<th>لینیاس / ٹیلیفون</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Landline</th>
<th>موبائل</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mobile</th>
<th>Letter</th>
<th>Email</th>
</tr>
</thead>
</table>

#### C. If you are filling on behalf of complainant, complete the following, otherwise go to section 2.

<table>
<thead>
<tr>
<th>Title (Tick the relevant Box)</th>
<th>Mr. / Nath / محمد</th>
<th>Mrs. / Karam / محمد</th>
<th>Ms. / Allah / محمد</th>
<th>Other (قاضی / بیور)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First &amp; Last Name of Person</th>
<th>نام و نام خانوادگی</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Father’s/Husband’s Name</th>
<th>والد / شوهر کا نام</th>
</tr>
</thead>
</table>

Address: 2nd Floor, Block C, Finance Trade Center (FTC), Shahrah-e-Faisal, Karachi.  
Phone: +92 21 38656000,  
Email: info@shcc.org.pk  
Website: www.shcc.org.pk
Current residential address
Mohurda, Lahore / Islamabad

Email address (If any)

Telephone number
Landline
Mobile

Your Relationship with the person who received services
☐ Parent
☐ Guardian
☐ Spouse
☐ Friend
☐ Other

Is this person deceased?
☐ Yes
☐ No

SECTION 2
FIRST POINT OF COMPLAINT

Did you lodge a complaint about this event with the healthcare establishment, where this event happened?
☐ Yes
☐ No

If yes, mention date.

Day---------- Month------------ Year----------

To whom:

Write outcome/result of that complaint (Use Additional sheet if required).

Did you lodge your complaint with any other agency?
☐ Yes
☐ No

If yes, mention date.

Day---------- Month------------ Year----------

To whom:

Directorate of Complaint SHCC
Write outcome/result of that complaint (Use Additional sheet if required).

Did you lodge a complaint about this event with SHCC before?

<table>
<thead>
<tr>
<th>☐ Yes</th>
<th>☐ No (if “No” than go to next question)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

If yes, mention date. / : 

Day-------- Month---------- Year--------

Write outcome/result of that complaint (Use Additional sheet if required).

SECTION 3

COMPLAINT INFORMATION

**Complaint against whom** (Kindly tick the relevant Box & fill the relevant information against that box)

<table>
<thead>
<tr>
<th>☐ Healthcare Service Provider (HCSP)</th>
<th>☐ Healthcare Establishment (HCE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>طبی عملی جا چا گڑ / چا گڑ گڑ / چا گڑ</td>
<td>صمت مزین</td>
</tr>
</tbody>
</table>

**A. Healthcare Service Provider** (Include details and use extra paper sheets if required)

**Name of service provider:**

طبی عملی جا چا گڑ / چا گڑ گڑ / چا گڑ

**Registration Number:**

| رجسٹریشن نمبر | چا گڑ / چا گڑ گڑ |

**Name of Organization/Hospital/ Centre/Individual Owner:**

فاری (سینٹر / سینٹر مالیک / جنرال) - چا گڑ / چا گڑ گڑ / چا گڑ / چا گڑ گڑ

**Type of service provider**

<table>
<thead>
<tr>
<th>☐ Doctor</th>
<th>☐ Nurse</th>
<th>☐ Dentist</th>
<th>☐ Other (Please specify)</th>
</tr>
</thead>
</table>

**Telephone number**

<table>
<thead>
<tr>
<th>☐ Landline</th>
<th>☐ Mobile</th>
</tr>
</thead>
</table>

**Address**

| ☐ | چا گڑ / چا گڑ گڑ |

**Directorate of Complaint SHCC**
# B. Healthcare Establishment

Include as much as details possible.

<table>
<thead>
<tr>
<th>Name of Manager/Administrator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>مختصر / متخصص مجمع:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Organization/Hospital/ Centre/Individual Owner:</th>
</tr>
</thead>
<tbody>
<tr>
<td>اداری / اسپایل / اداری مالک مجمع:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Healthcare Establishment</th>
<th>Specify:</th>
</tr>
</thead>
<tbody>
<tr>
<td>اسپایل / مراکز تیلیفون:</td>
<td>وضاحت کریں</td>
</tr>
<tr>
<td>صحت جون سالونز فراهمکنیک اداری</td>
<td></td>
</tr>
<tr>
<td>قسمت</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>لندن فن / تیلیفون:</td>
</tr>
<tr>
<td>موبائل / موبائل</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
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<tr>
<td>پا</td>
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</table>

## SECTION 4

### MY COMPLAINT

#### a) Kindly provide a short summary of your complaint. It is useful to include what happened, when it happened and who was involved? If you need more space, please attach separate page to the back of this complaint form. Please attach any relevant documents.

(الف) میں بھی مہربانی طریقے میں شرکت کرنا چاہتاں ہوں. میں صحت نشانی کے لئے تیلیفون کو جاری رکھنا چاہتاں ہوں. کسی بھی مدیریتی مشکل کے خلاف میں مکمل تحقیق کی جاتی ہے. میں کسی بھی مہربانی طریقے میں شرکت کی تصدیق کرتاں ہوں. میں اس مہربانی طریقے میں شرکت کرنا چاہتاں ہوں. میں کسی بھی مشکل کے خلاف میں مکمل تحقیق کی جاتی ہے. میں کسی بھی مہربانی طریقے میں شرکت کی تصدیق کرتاں ہوں. میں اس مہربانی طریقے میں شرکت کرنا چاہتاں ہوں. میں کسی بھی مشکل کے خلاف میں مکمل تحقیق کی جاتی ہے. میں کسی بھی مہربانی طریقے میں شرکت کی تصدیق کرتاں ہوں. میں اس مہربانی طریقے میں شرکت کرنا چاہتاں ہوں. میں کسی بھی مشکل کے خلاف میں مکمل تحقیق کی جاتی ہے. میں کسی بھی مہربانی طریقے میں شرکت کی تصدیق کرتاں ہوں.
b) Nature of harm experienced by the patient/client as a result of the received treatment
(Kindly tick the relevant box(es))

☐ Death
☐ Unconsciousness
☐ Impairment or loss of mental functions
☐ Extreme physical pain
☐ Protracted and obvious disfigurement
☐ Impairment or temporary loss of the function of a bodily member/organ.
☐ Bodily injury which involves a substantial risk of death
☐ Other (Specify):

C) What is your specific request to Sindh Healthcare Commission (SHCC)?

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SECTION 5
AUTHORITY

The SHCC is required to give the information about the name of the complainant and nature of your complaint to the HCSP/ HCE, although in special circumstances the commission may withhold this information, if there are valid reason for doing so. If you have any concern about the release of your name and/or complaint, please mention the reasons

Directorate of Complaint SHCC

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SECTION 6
ACCESING HEALTH INFORMATION

It will assist the SHCC to have the consent of the person who received the health services so that they can collect the required information to assess the complaint.
(Please select one of the following options that apply to you.)

A. [ ] I am complaining about the health services provided to me and authorize the SHCC to access my personal information for the purpose of handling this complaint.

B. [ ] I am the next-of-kin/guardian of the person who received the health services and authorize the SHCC to access medical and other information for the purpose of handling this complaint.

C. If you are making a complaint on behalf of someone else, please have them sign by that person and complete the following:

[ ] I understand that (complainant name) is making a complaint about the health services provided to me and authorize the SHCC to access my personal information for the purpose of handling this complaint.

Signature: ____________________________

Thumb Impression: ____________________________

Approved by: ____________________________
I authorize SHCC to speak the complainant about the health service/treatment received.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Thumb Impression</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ACKNOWLEDGEMENT**

All the information provided above is true and correct to the best of my knowledge.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Thumb Impression</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Before sending this form, kindly check that you have:**

- Included as much as relevant information as possible.
- Clearly identified your concern.
- Answered Section 5: Authority and Section 6: Accessing Health Information.
- Attached copies of CNIC and copies all supporting documents (Please do not send original documents).
- An Affidavit (Accepting responsibility that the information provided is true)

**Please send complaint and supporting information to:**

The Chief Executive Officer (CEO)
Sindh Healthcare Commission
**Address:** 2nd Floor, Block C, Finance Trade Center (FTC), Shahrah-e-Faisal, Karachi.
For online submission of complaint form, Go to SHCC Web page: [www.shcc.org.pk](http://www.shcc.org.pk)
Please Note:
It is an offense for a person to provide false information to the Sindh Healthcare Commission. In such a case, that person will face a penalty of up to Rs. 200,000/=.

Privacy Statement:
The Sindh Healthcare Commission will not disclose your information to any third party unless it is required to resolve the complaint.

ACKNOWLEDGEMENT SLIP

Complaint number:  
Date:  

The SHCC acknowledged the complaint submitted by Mr./Mrs./Ms._________________________ S/D/O/W __________

The SHCC will update you regarding actions on your complaint.

Assistant / Asst. /  
Directorate of Complaint  
SHCC  

OFFICE USE ONLY

Complaint reference No.:  
Date:  

Type of Complaint: 
Service Provider  
Health Establishment  

Category of Complaint: 
Managerial  
Treatment  
Behaviour  

Complaint lodged:  
Online  
In writing  
In person  

Notes:  

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