



INSTRUCTIONS TO FILL THE COMPLAINT FORM

(FOR HEALTHCARE SERVICE PROVIDERS)



GENERAL

- a. Please read these instructions and Frequent Asked Questions (FAQs) before completing the complaint form.
- b. This complaint form can be used to lodge/file a complaint to Sindh Healthcare Commission (SHCC) by any aggrieved healthcare service provider or his/her legal/ nominated representative.
- c. Use this complaint form to lodge/ file a complaint against:
 - i. **Any healthcare service provider/Co-worker:** it means a doctor, nurse, dentist, paramedical staff, community midwives, community outreach workers (Vaccinators, Lady Health workers) or any other staff of hospital / healthcare centre.
 - ii. **Any healthcare establishment,** it means owner/manager of any hospital, diagnostic centre, medical clinics, nursing home, maternity home, dental clinic, homeopathic clinic, Tibb clinic, acupuncture, physiotherapy clinic, pharmacy or any system of healthcare treatment in Sindh.
 - iii. **Any patient/client or his/her carers.**
- d. Kindly make sure that you should lodge a complaint against any of above are practicing in the province of Sindh.
- e. If you require any assistance to complete this form, kindly contact us at: Helpline: 0321-8232440 or www.shcc.org.pk.

SECTION 1

Personal Information of Complainant

This section will help to SHCC to follow up with you about your concerns, therefore it is important to provide complete contact details and ensure all columns are filled properly. If SHCC receive compliant that only partially filled contact details, it will treated as anonymous compliant and SHCC will not consider the anonymous complaints.

A. Personal Details: Please provide your personal contact details.

- **Title:** There are 04 options given and you should tick any one relevant box.
 - Mr. : The male complainant should tick on this box
 - Mrs. The married female complainant should tick on this box
 - Ms.: This box is only for un-married females.
 - Other: (For Example (Transgender persons) should tick on this box.
- You should write your **first & last name** (For Example: Ali Anwar Soomro).
- Write your **father's name** and in case of married female write her **husband's name**.
- Complainant must write his/her computerized national identity card number (**CNIC number**).
- Write the name of your hospital/ clinic/ health centre where you practice.
- Write your designation & unit/ward name.



B. Contact Details: *This information is necessary for contact for further correspondence by SHCC.*

- Write your complete current residential address. It means write house number, street, mohalla name, or block number, city/village and district. In case of small villages you should write some key identification marks like near school or masjid etc.
- Write the postal address of hospital/ clinic/ health centre where you work.
- Tick any one option either SHCC contact with you on residential address or health establishment.
- If you have any email address then write otherwise leave it blank or write N/A.
- Write landline telephone number (if have) and mobile number. Kindly note any one of these numbers are necessary to correspondence with you by SHCC team.
- Tick the box, which you prefer that SHCC may contact you through **phone** or **letter** or **email**. You should tick more than one boxes, and make sure tick at-least one box.

C. If you are filling a complaint on behalf of any other person then filled the following columns otherwise leave it blank and go to the section 2.

- Kindly follow the relevant instructions given in the **personal details and Contact details under A & B.**
- Tick the relevant box, mentioning your relationship for the person with you, are complaining on behalf of whom.
- In case you are complaining on behalf of person is died, Tick the “Yes” write the date of death and should attach the death certificate, otherwise tick “No” and go to the next section.

SECTION 2

First point of complaint

In this section you provide details of whom you approached for your complaint before this. It is necessary that an aggrieved person/client or his/her legal representative first make a complaint to the owner/manager of the healthcare establishment within (30 days) from the day on which he/she was aggrieved or an event happened. A complaint should only be filled/ lodged to SHCC if he/she is unable to resolve the issue or concern at first point within 30 days.

- Provide the details of your complaint, filled/lodged to the hospital/centre where this event happened. Write date of complaint you filled/lodged with hospital/centre and provide details on what actions did by that hospital/centre to address your complaint than write your concern on the outcome/result of that complaint.
- If you file the complaint to **any other agency/ organisation** like PMDC, PNC, Department of Health or Law enforcement agency than write its details here.
- In the last of this section you should write the details of complaint, mention date of complaint and its outcome, if it filled to the SHCC before this.

SECTION 3

Compliant Information



Under this section you should clearly mention the details of that specific healthcare service provider/individual or hospital/centre against whom you should want to file the complaint. This section will help to SHCC to follow up with concerned, therefore it is important to provide complete contact details of concerned healthcare provider, co-worker, other staff or management of healthcare establishment or patient and ensure all columns are filled properly.

- If you want to file complaint against any healthcare provider or co-worker, staff please tick the “A” and if you want to file complaint against healthcare establishment i.e hospital, healthcare centre than tick the “B” and if you want to file complaint against any patient or his/her carers than tick the “C”.

If you tick “A” follow the below instructions:

- If you want to file a complaint against any healthcare service provider i.e doctor, nurse, dentist, paramedical staff, Hakeem, Homeopath, or co-worker/ other staff, kindly mention his/her name.
- Please write the registration number of healthcare service provider allotted by regulatory authority like PMDC, PNC, Council for Tibb or Homeopathy (*if have or you know, otherwise write do not have registration number or do not know*)
- Write the name of hospital/ health facility/centre.
- Then you tick the box mention the type of service provider either he/she is doctor, nurse, and dentist. You should tick the other box, and specify it if healthcare service provider is any homeopath, hakeem, paramedic or other staff.
- Write the landline and mobile telephone numbers of healthcare service provider.
- Write the complete postal address of healthcare service provider.

If you tick “B” follow the below instructions:

- If you want to file a complaint against any healthcare establishment i.e hospital, maternity home, health centre, homeopathic/Tibb centre, kindly write the name of owner/manager of that facility.
- Write the name of hospital/ health facility/centre.
- Write the type of that health facility i.e hospital, clinic, maternity home, health centre, homeopathic/Tibb centre.
- Write the landline and mobile telephone numbers of healthcare establishment.
- Write the complete postal address of healthcare establishment.

If you tick “C” follow the below instructions:

- If you want to file a complaint against any patient or his/her carers kindly write the name of that patient or his/her carers.
- Write CNIC number (if you know) and
- Write Bed/ Unit/ ward number of the hospital along with name of hospital/ health facility/centre.
- Write the landline and mobile telephone numbers of patient



- Write the complete postal address of patient.

SECTION 4 My Complaint

This is most important part of complaint form, because SHCC will decide the maintainability of the complaint for further investigation on the provided information or description in this section, therefore be careful to fill this section.

- Type of complaint:** there are 03 options given and tick the relevant box(s) most relevant which type of complaint you want to file with SHCC. If you tick (A) it means you faced physical or sexual harassment/ violence at your work place. If you tick (B) it means you faced any damage of your property/ equipments by any of person. If you tick (C) it means there are any other kind of complaint.
- Tick the relevant boxes from the given options for nature of harms experienced by healthcare service provider as a result of that event. If there is no any nature of harm you experienced is available in given options, than you tick the others box and specify that harm.
- In the provided blank space, kindly provide short summary of your complaint. It is useful to include all relevant information of that event like what happened, when it happened and who was/were involved? If you need more space, please attach separate pages to the back of the complaint form and attach any relevant documents.
- At the end of this section, complainant should clearly mention what he/she want as result of this complaint. Example: Penalties, legal action, cancellation of registration etc.

SECTION 5 Authority

The SHCC is required to give the information about name and nature of your complaint to the concerned Healthcare service provider/ staff/Healthcare establishment/ patient, although in special circumstances the commission may withhold this information. Unless there are good reasons such as other party may temper the facts etc.

If complainant have any concern on the sharing of information regarding his/her complaint with the concerned to whom he/she filled the complaint, than kindly mention the specific reasons/ justification to withhold this information by SHCC and do not share it with other party. SHCC have authority to decide the sharing of information to the other party to give due chance of justification.

SECTION 6 Accessing health information

In this section complainant authorize to SHCC to collect the health related information of an aggrieved person from healthcare service provider, hospital, clinic, centre or any other organization to assess the complaint.

There are two 02 options given to authorize SHCC to access the health information by (A) an aggrieved person itself, (B) by his/her legal representative Kindly select one of the given options which best applies to you and put the sign and thumb impressed.



Acknowledgement

In the last, this is a signed statement of confirmation by a complainant that all provided information is true. In case of provision of false information complainant will face financial penalties.

Miscellaneous

- *The complainant must check that all required documents & information are provided/ attached, before it send to the SHCC.*
- *Acknowledgement slip: Make sure that you received acknowledgement slip from SHCC against your complaint for record and reference.*
- Filled & dully signed complaint form should submit to the:
The Chief Executive Officer (CEO)
Sindh Healthcare Commission
Suit # 309, The Plaza, Block 9, Clifton, Karachi
- If you require any assistance to complete this form, kindly contact us at: **Helpline: 0321-8232440** or www.shcc.org.pk.