GRENADA MEDICAL AND DENTAL COUNCIL

COMPLAINT FORM

The Grenada Medical and Dental Council welcomes your submission. Use this form if you believe that a physician's or dentist's clinical care or professionalism have put you, or might put people at risk. This process leads to better health and well-being for all patients.

Please complete the following steps to submit your complaint.

1. Fill out this form.
2. If you are filing a complaint on behalf of a patient, fill out the Authorization Section of the form. The patient must, unless physically impossible, sign this part of the form.
3. Attach any other documentation that you deem important to the complaint.
4. Submit the form either in person or via scan and email to grenadamedcouncil@live.com

Thank you for taking the time to complete this form.

PATIENT INFORMATION

Title: _____ Last name: _____

Middle name: First name:

Date of birth (DD – MM - YYYY):	
Address line 1:	
Address line 2:	
Parish:	Village:
Email address:	Preferred phone number:
May messages be left on your voice mail? ◯ Yes	◯ No

Third-Party Complaint Authorization

Only fill out this section if you are submitting a complaint on behalf of the patient

Title: _____ Last name: _____

Middle name: _____ First name: _____

Address line 1: _____

Address line 2: _____

Parish _____ Village _____ Postal code: _____

Email address: _____ Preferred phone number: _____

Please circle your preferred method for receiving correspondence:

Email Postal Service

Relationship to the patient: _____

Is the patient deceased? ○ Yes ○ No

CONFIRMATION

Note: All complaints must be signed by the patient and/or patient representative.

I have read and understand the following:

- I understand that the Grenada Medical and Dental Council (GMDC) may examine the patient's relevant medical records during the conduct of the investigation. GMDC will share the complaint and supporting documents it receives from the patient/patient representative with the physician or dentist identified in the complaint.
- The information on this form is collected under the authority of the *Health Practitioners Act*, 2010. The information provided will be used to process the complaint.
- If I have any questions about the collection or use of this information, I can contact the GMDC office at 473 444 -2384 or by e-mail at grenadamedcouncil@live.com, alternatively, I can visit the Council's office located upstairs the Grand Anse Medical Centre, the Limes, Grand Anse, St. George between the hours of 9:00 a.m. and 3:30 p.m.

Patient signature: _____ Date: _____

Patient representative signature: _____ Date: _____

DETAILS OF THE PHYSICIAN/DENTIST

Please identify the Physician/Dentist you are filing this complaint about. Please fill in as much information as you can in the section below. This will greatly facilitate the process.

Note: A copy of this complaint will be sent to the Physician/Dentist you have identified.

Physician's/Dentist's full name: _____

Office Address: _____

Parish: _____ Phone: _____

Dates attended: _____

Occurred at a: ◯ Office ◯ Hospital ◯ Other: _____

Physician's/Dentist's full name: _____

Address: _____

City: _____ Postal code: _____ Phone: _____

Dates attended: _____

Occurred at a: ◯ Office ◯ Hospital ◯ Other: _____

Physician's/Dentist's full name: _____

Address: _____

City: _____ Postal code: _____ Phone: _____

Dates attended: _____

Occurred at a: ◯ Office ◯ Hospital ◯ Other: _____

Physician's/Dentist's full name: _____

Address: _____

City: _____ Postal code: _____ Phone: _____

Dates attended: _____

Occurred at a: ◯ Office ◯ Hospital ◯ Other: _____

☐ Continue on a separate sheet if needed. Check this box if another sheet is attached.

DETAILS OF YOUR COMPLAINT

Please describe your concern in as much detail as possible. Be sure to include specific information of what occurred between you and the doctor/dentist, and the date and location of the incident if you have this information. Please include copies of any documents that you feel would be relevant to your complaint.

Note: A copy of this complaint will be sent to the medical/dental practitioner you have identified.

☐ Continue on a separate sheet if needed. Check this box if another sheet is attached.

Please describe what you would like to see happen as a result of this complaint

Please provide the names of the hospitals or care facilities you attended during this period, and include dates if you have this information.

Note: It may be necessary for GMDC to obtain hospital/facility records as part of the investigation into this complaint.

Hospital/Clinic/Facility name: _____

Address: _____ Dates attended: _____

Hospital/Clinic/Facility name: _____

Address: _____ Dates attended: _____

☐ Continue on a separate sheet if needed. Check this box if another sheet is attached.

SUBMISSION

Please complete the checklist below and submit the form and supporting documentation to:

MAIL Grenada Medical and Dental Council
Upstairs Grand Anse Medical Center
The Limes, St. George

PHONE 473 444 2384

EMAIL grenadamedcouncil@live.com

CHECKLIST – Have you completed the following?

- ☐ included the full names and addresses of the practitioner involved
- ☐ described the complaint as clearly and as detailed as possible
- ☐ submitted any additional document that may support this complaint
- ☐ provided your name and a telephone number where you can be reached during the day
- ☐ signed and dated Third Party Complaints section, if applicable
- ☐ signed and dated the Confirmation section (page 2)
- ☐ checked that all pages of this form are filled in and any separate sheets are attached, if necessary

Grenada Medical and Dental Council Support Services

What we can investigate:

- Professional misconduct
- Inadequate or inappropriate treatment
- Serious breaches of patient care standards
- Practitioner impairment affecting patient safety
- Significant departure from accepted professional standards
- Violations of patient confidentiality

What we cannot investigate:

- Complaints about unregistered practitioners
- Fee disputes (unless involving serious misconduct)
- Issues already under legal proceedings
- Complaints older than ten (10) years without valid reason
- General customer service issues not related to professional care (unless there are ethical considerations)

What we can do:

- review complaints made regarding a physician or dentist's patient care and personal conduct to determine if they align to GMDC practice and Code of Conduct standards
- take appropriate action in keeping with GMDC policies and procedures regarding patient care and code of conduct.

What we cannot do:

- investigate anonymous complaints or keep a complainant's identity anonymous
- manage the clinical care of patients
- transfer a patient's care to another physician or dentist
- command an apology from a physician or dentist
- provide financial compensation

Date Received By Council:_____Signature of Receiver_____