**COMPLAINT FORM (Concerning Medical Schools)**

The Grenada medical and Dental Council (GMDC) responds to complaints regarding allegations of institutional conditions that raise significant questions about the institution’s compliance with the Accreditation Standards.

Complainants are encouraged to read appropriate sections of GMDC’s Standards, Procedures Manual, and Complaints Policy before completing the form. These documents are available on GMDC’s website. Please note that matters that are in litigation or involve criminal conduct will not be considered by the GMDC.

All institutions accredited by GMDC are required to have in place grievance and complaint policies and procedures that are well publicized and fairly administered. It is the responsibility of the individual filing a complaint with GMDC to have attempted to resolve issues through all means available, including discussions and through the institution’s established procedures and processes, prior to submitting a complaint to GMDC. However, GMDC recognizes the value of the information provided by students, medical school employees, individuals from the public and others, in determining whether the medical school’s performance is consistent with GMDC’s accreditation standards for obtaining or maintaining accreditation and thus this avenue is provided.

All supporting or additional documents uploaded with this complaint must be relevant to the complaint.  
  
**A. University Named in the Complaint**



Fill in the following table with as much detail as possible[[1]](#footnote-1).

|  |  |
| --- | --- |
| 1. **Complainant Information** | |
| **First Name:**  Click or tap here to enter text. | **Last Name:**  Click or tap here to enter text. |
| **Address:**  Click or tap here to enter text. | |
| **Email Address:**  Click or tap here to enter text. | **Telephone Number:**  Click or tap here to enter text. |
| **Gender:** Male    Female | |

**C. Status in relation to the institution named in the complaint (Select all that apply).**

Student

Faculty

Staff

Parent

Other  Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not say

|  |  |
| --- | --- |
| **D. Complaint Information** | |
| **Complaint Date:** | **Complaint Taken by:** |
| **Complaint Details:** (*Briefly describe the details of the complaint*)  State the general nature of your complaint as clearly and concisely as possible. This statement helps GMDC determine if the complaint falls within the scope of the GMDC complaint policy.  Click or tap here to enter text. | |
| **Link to Standard:** Which of the [GMDC’s Accreditation Standards](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https:/gmdc.gd/wp-content/uploads/2023/07/GMDC-Standards-for-the-Accreditation-of-Medical-Schools-2.pdf) Theme does your complaint refer to? Identify the specific standard or element. (*Select all that apply*)  Theme I. Institutional setting  Theme II. Curriculum  Theme III. Students  Theme IV. Academic Environment  Theme V. Faculty  Theme VI. Institutional Effectiveness  **Specific Standard:**  Click or tap here to enter text. | |
| **First Response Corrective Action:** *(List the steps you have taken to resolve the complaint, (if any), including demonstrating your serious effort to follow the institution's grievance or complaint procedures. Explain any other external channels that you are pursuing to resolve the complaint.)*  Click or tap here to enter text. | |
| **Please Provide any additional comments you wish GMDC to consider when investigating the complaints:**  Click or tap here to enter text. | |
| **List the names of the** supporting or additional documents (if any) uploaded with this complaint and relevant to the complaint:  Click or tap here to enter text. | |

By **submitting** this form, I understand that I am granting GMDC permission to share my complaint and any supporting documentation with the relevant authority to which the complaint is related.

**(OPTIONAL)**

**D. Name of Person Completing this form:** Click or tap here to enter text.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Although anonymous complaints are reviewed, and names are not required (but encouraged), it is important that GMDC is provided with contact details, for follow-up and reporting purposes. [↑](#footnote-ref-1)