



REPUBLIC OF UGANDA

UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL

(Cap)

APPLICATION FOR LODGING A COMPLAINT

I. DETAILS OF APPLICANT

Title and Full Name

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Indicate full names as they appear on ID card, passport or certificate of incorporation at the companies registry of P.O BoxCode

Email

townand telephone number

residence

Official mobile wish to lodge a complaint with the Preliminary inquiry committee of the Uganda Medical and Dental Practitioners Council Board 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

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

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

IV. DETAILS OF INSTITUTION

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

V. 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) Capital letters handwritten explanation
- c) Payment of
- d) 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
- 3) Practitioner's Registration No
- 4) Institution's Registration No