

Appendix –III: Template for Filing of Complaints

The President
Bhutan Medical and Health Council
Thimphu

Sir,

I wish to bring to your notice on the grievance(s) against the under-mentioned health care worker:

- 1. Name of Health Care worker:.....
- 2. Designation of worker:.....
- 3. Work place of Health Worker:.....
- 4. Date & Time of Incident:
- 5. Grievance/complaints against the above worker (*use additional sheets, if required*):.....

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.....
.....
.....

6. Name & Address of Aggrieved Party:

.....
.....

Declaration:

I, hereby certify that the information provided above is true.

Signature:.....
Name:.....
Address:

Date: