



THE DEPARTMENT OF HEALTH REGULATORY SERVICES  
HEALTH PRACTICE COMMISSION

**COMPLAINT FORM**

3<sup>rd</sup> Floor, Government Administration Building, 133 Elgin Avenue  
P.O. Box 132 Grand Cayman KY1-9000, CAYMAN ISLANDS  
Telephone: (345) 949 -2813 or 946 -2084  
Email: [hpbusers@gov.ky](mailto:hpbusers@gov.ky) Website: [www.dhrs.ky](http://www.dhrs.ky)



**Section 1:**

**Person Filing Complaint (?)**

First Name	
Middle Name	
Last Name	
Address Line 1	
Address Line 2	
Contact No 1	
Contact No 2	
Email	
Type of ID Provided:	

**Complaint Filed Against (Practitioner)**

First Name	
Middle Name	
Last Name	
Address Line 1	
Address Line 2	
Contact No 1	
Contact No 2	
Email	

**Complaint Filed Against (Health Care Facility)**

HCF Name	
Address Line 1	
Address Line 2	
Contact No 1	
Contact No 2	
Email	

## Section 2: About the incident

Please provide as much details of the incident including any others involved, and witnesses, if any.(add as many pages as needed)

Please provide detail of the incident.

### Section 3: Consent to disclose

To undertake our investigation, we require your consent to send a copy of your referral and associated information to the relevant registered practitioner, their employer and any other relevant party as required. We also require your consent for any health care provider holding relevant information about your referral (including medical or nursing notes) to disclose that information to us as required for our investigation.

**I \_\_\_\_\_ am the Complainant who has made the above complaint, and I understand that if the Commission initiates an investigation the Commission shall notify the respondent (Health Care Facility and/or Practitioner), that it has decided to conduct an investigation.**

**This notification shall be in writing and shall include a description of the allegations and/or information received by the Commission and may request additional information from the Respondent and/or Complainant.**

**The identity of the Complainant will remain confidential to the extent consistent with a proper and thorough investigation.**

**I also confirm that the information provided in this complaint is accurate and truthful to the best of my knowledge.**

<b>Signed</b>	<b>Date</b>
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