



**GOVERNMENT OF PAKISTAN
ISLAMABAD HEALTHCARE REGULATORY
AUTHORITY (IHRA)**



Patient Complaint Form

Please Note

The Authority is required to provide your name and description of your complaint to the healthcare establishment against which you are lodging your complaint.

By filing this complaint, you are authorizing the IHRA to have complete access to all the record relevant to the matter.

Instructions

Please fill out the form completely. Also submit a duly notarized affidavit, according to sample format, attached to this Complaint Form.

If you need assistance to fill in the form or require any information, please call the IHRA at Phone: (051) 9250383

Details of the Complainant

Mr. Mrs. Ms

Name _____
(First) (Middle) (Last)

CNIC No: _____ Address: _____

District: _____ Tehsil: _____ Postal Code: _____

Mobile No: _____ Telephone No: _____

Fax: _____ Email Address: _____



Patient Complaint Form



Are you the patient/client who received health service/treatment?

- Yes
- No

If not, please mention:

What is your relationship with the patient/client?

- Next of kin (for example parent, spouse, sister etc.) _____
- Other (please specify) _____

Is the patient/client alive?

- Yes
- No

Is the patient/client disabled or needs assistance?

- Yes
- No

Details of the Patient/ Client who received health service

Mr. Mrs. Ms.

Name _____
(First) (Middle) (Last)

CNIC No: _____ Address _____

District: _____ Tehsil: _____ Postal Code: _____

Mobile No: _____ Telephone No: _____

Fax: _____ Email Address: _____



Patient Complaint Form



Details of the Healthcare Establishment (HCE)

Name of HCE/place where health service was provided: _____

Address _____

Telephone: _____ Fax: _____

Email Address: _____

Name of the Administrator/ In-charge/ of the HCE: _____

Mobile: _____

Names/Designations of the persons you want to complain about:

Write your Complaint

Use the space below to write your complaint. Please include persons who were involved, what happened and when. Please attach a separate page if you want to give us more details.



Patient Complaint Form



What is the nature of the harm done to the patient/client as a result of the treatment?

- Death
- Unconsciousness
- Extreme physical pain,
- Protracted and obvious disfigurement, or
- Impairment or temporary loss of the function of a bodily member, organ,
or mental faculty.
- Bodily injury which involves a substantial risk of death,
- Permanent loss of bodily function
- Other

When did you come to know about the problem which resulted into your grievance?
Please mention the date.

What is your specific request to the Commission?



Patient Complaint Form



Did you complain to the In-charge of the HCE about this matter?

- Yes
- No

If yes, what was the result? Please attach relevant documents if any.

Did you make a complaint to any other organization about the same matter?

- Yes
- No

If yes, mention the date on which you made that complaint and its result? Please attach relevant documents if any.

Attach copies of these documents with your complaint

- Affidavit
- Copy of your CNIC or any other document depicting your identity;
- Copy of CNIC of patient/client
- Medical records; if any
- Receipts; if any
- Correspondence with the concerned healthcare establishment, healthcare service provider or other authorities, if any; and
- Other relevant documents in support of the complaint.



Patient Complaint Form



Please send your complaint and supporting material to this address

Islamabad Healthcare Regulatory Authority (IHRA)
2nd & 3rd Floor, DMLC Building (PRCS), H-8/2, Islamabad

Privacy Statement

The Authority will not disclose any information provided by you other than in carrying out its functions under the Islamabad Healthcare Regulatory Authority Act, 2010.

Sign here	Thumb impression
Date	

