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**Complaints Form  
\* denotes a mandatory field**

|  |  |
| --- | --- |
| Your Details |  |
| First Name |  |
| Surname |  |
| Contact Number |  |
| Contact email |  |
| Confirm email |  |
| Best time to contact you |  |

Complaint Details

**Have you previously contacted the Medical Council to try and resolve the issue before making this complaint?**

Yes No

Please provide further details of any contact you’ve had with the Medical Council, including dates of contact, names and phone numbers of officers if available

**Please provide details of your complaint\***

**What outcomes are you seeking?\***

We will use this information to help us resolve your complaint.   
From time to time we engage research companies to conduct surveys about our complaints handling.   
We may use limited contact information from complaints to invite people to participate in these surveys.

**Forms can be sent via email to**: [registration@mcirl.ie](mailto:registration@mcirl.ie) with the subject line Registration Feedback

**Post:** Registration Feedback, Medical Council, Kingram House, Kingram Place, Dublin 2