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**Compliments   
\* denotes a mandatory field**

**Service you found beneficial –**

**Name of officer you were dealing with**

**Details of your compliment\***

**What happens next?**

Your compliment will be sent to the relevant area. Your experience will help us build on the quality of our information, products and services.

**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