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**Feedback Form\* denotes a mandatory field**

Feedback is a positive or negative suggestion, comment or opinion about the Medical Council, its Charter, service and policies or staff performance where you do not seek a remedy for your own particular tax affairs.

**Please detail your suggestion, comment or opinion\***

**Contact details**

We ask that you provide your contact details in case we need to clarify the information or ask for more details. We will only contact you if we need further clarification.

|  |  |
| --- | --- |
| Your name |  |
| Contact Number |  |
| Contact email |  |

We are authorised under taxation laws to collect the information requested in this form. We will use this information to help us investigate the issues you raise

**What happens next?**

Your feedback will be used to improve 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