Boards Management Office	Ministry of Health Brunei Darussalam	# Notification (Complaint) Form
Notification Number OFFICE USE ONLY		

How to complete this Notification Form

Please complete this form to make a notification about a health practitioner:

- Doctor
- Dentist
- Nurse
- Pharmacist
- Allied Health Professionals

If you need assistance to complete this form, please phone the Boards Management Office (BMO) on 2380170.

Before you complete this form
The BMO can only make a decision based on the information it has. For this reason it is important that you provide all the information you can about what happened, so the BMO can make an informed decision about what to do next.

The BMO and the Boards/Councils are not advocates for you or for practitioners. Our job is to find out what happened, to make a decision about whether the practitioner has failed to meet the required standards and to take any action needed to keep the public safe, and to stop the same thing happening again.

Completing this form
You can complete this form by printing and filling it out:

- Use a **black** or **blue** pen only.
- Print clearly in **BLOCK LETTERS.**
- Place X in **all** applicable boxes: ☒
- If required, attach additional pages with information that does not fit in the space provided.

You can lodge this completed form, along with any additional documents or information, by mail or submit to **Boards Management Office.**

Privacy and Confidentiality

The BMO and the Boards/Councils are committed to protecting personal information as private and confidential.

The BMO and the Boards/Councils may disclose this form and attachments to the health practitioner who is the subject of the notification and in other circumstances required by law.

SECTION A: About your concerns

Where did the events happen that led to this notification or complaint?	☐ Government hospital ☐ Government health centre/clinic ☐ Private hospital ☐ Private health centre/clinic ☐ Patient's home ☐ Other – specify:
What do you hope to achieve by lodging this notification?	☐ An apology from the practitioner ☐ An explanation from the practitioner ☐ Action to keep public safe ☐ Disciplinary action ☐ Others – specify

Note: When we look at notifications, we consider whether the practitioner has failed to meet the standards set by the Boards/Councils; and consider what needs to happen to make sure that the practitioner is aware of what has gone wrong and learns from this, so the same problem doesn't happen again. The Boards/Councils also consider if they need to limit the practitioner's registration in some way to keep the public safe. The BMO and the Board/Council cannot give you a detailed explanation of what happened to you.
We also do not have the power to:

- Order a health practitioner to provide the treatment you want
- Pay you compensation or order a health practitioner to pay you compensation or refund
- Order a health practitioner to give you access to your records
- Make a health practitioner apologise to you, or
- Assist you to bring legal proceeding against a health practitioner.

SECTION B: Your details

Is your notification (or complaint) about more than one health practitioner?	☐ No ☐ Yes ☞ *Complete a separate complaint form for each health practitioner*
What is your role in this notification?	☐ The patient ☐ Friend of the patient ☐ Relative of the patient ☐ Lawyer of the patient ☐ Education provider ☐ Employer of the health practitioner ☐ A health practitioner - ***Specify profession:***

If you are a colleague, please indicate your relationship to the health practitioner:

☐ Senior ☐ Peer ☐ Junior

☐ Other – ***specify:***

What is your personal detail?

Title:

MR ☐ MRS ☐ MISS ☐ MS ☐ DR ☐ Other:

Full name:

Date and Place of Birth: - - Age: year Sex: Male ☐ Female ☐

Nationality: Passport No: Country of Issue:

Brunei I.C. No: Colour: Yellow ☐ Purple ☐ Green ☐

SECTION C: Contact information

What is your contact details?

Provide current contact details below and place an ☒ next to your preferred contact phone number

Office/Business hours ☐

Mobile ☐

After hours ☐

Email

What is your mailing address?

Post Code

SECTION D: About the health practitioner

Who is the health practitioner that this notification is about?

Full name:

Profession/specialty (if known) (e.g. doctor, nurse)

Registration number (if known)

Place of employment (e.g. ward, hospital, clinic, health centre) **and full address**

Are you making this notification on behalf of a patient?

☐ Yes ☟ **go to next question**

☐ No ☞ **go to SECTION F**

SECTION E: About the patient

Do you have the patient's consent or knowledge?	☐ Yes ☐ No – *You may still make a notification without the patient's consent or knowledge. It is preferable, however, for you to inform the patient of your actions and request the patient to complete* **Consent authorization form A**, *attached to this form.*
What is the patient's name and date of birth and Brunei I.C. number?	Full name: ☐ Date of birth: ☐☐ - ☐☐ - ☐☐☐☐ I.C. no: ☐☐ - ☐☐☐☐☐☐ Colour: Y ☐ P ☐ G ☐
What is the patient's contact details? Place an X next to their preferred contact phone number	Business hours ☐ Mobile ☐ After hours ☐ Email: ☐
What is the patient's address?	
If we need to speak to the patient, will they require an interpreter?	☐ Yes – **specify language**: ☐ No

SECTION F: Mandatory notifications

Complete this section if you are a health practitioner or employer and need to make a mandatory notification.

Are you a health practitioner or an employer?	☐ Yes **go to next question**	☐ No **go to SECTION G**
Are you reporting notifiable conduct about a health practitioner?	Notifiable conduct *in relation to a registered health practitioner means the practitioner has*: *a. Practised the practitioner's profession while intoxicated by alcohol or drugs; or* *b. Engaged in sexual misconduct in connection with the practice of the practitioner's profession; or* *c. Placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment; or* d. *Placed the public at risk of harm because the practitioner has practised the profession in a way that constitutes a significant departure from accepted profesional standards.*	
	☐ Yes **specify details below**	☐ No **go to SECTION G**
	I have formed the reasonable belief that the practitioner has behaved in a way that constitutes notifiable conduct as he/she has **(please select)**: ☐ Practiced the practitioner's profession while intoxicated by alcohol or drugs ☐ Engaged in sexual misconduct in connection with the practice of the practice of the practitioner's profession ☐ Placed the public at risk of substantial harm in the practitioner's practice of the profession because the practitioner has an impairment, or ☐ Placed the public at risk of harm because the practitioner has practised the profession in a way that constitute a significant departure from accepted professional standards.	
How did the conduct come to your attention?	☐ Directly observed by me (e.g. as part of care team) ☐ Disclosed to me by the person this notification is about ☐ Other – ***specify below***:	☐ Via another person/word of mouth ☐ Record review. Audit ☐ Via patient(s)

SECTION G: Your description of what happened and/or your concerns

On or between which date(s) did the conduct take place?	Estimated start date ☐☐ - ☐☐ - ☐☐☐☐	Estimated end date ☐☐ - ☐☐ - ☐☐☐☐
Where did the event(s) take place? ***Mark all applicable***	☐ Hospital – inpatient ☐ Hospital – outpatient ☐ Practitioner's office/consulting rooms ☐ Other – ***specify below*** :	☐ Primary health care facility ☐ Patient's home ☐ Pharmacy
How many patients were affected by the conduct?	☐ Don't know ☐ 0 ☐ 1 ☐ 2 or more – ***specify number of patients***:	
Were any patients harmed by the conduct? ***Mark all applicable***	☐ Don't know ☐ No harm ☐ Latent or potential harm (e.g. exposed to radiation, risk of infection) ☐ Drug dependency ☐ Other - ***specify below*** :	☐ Minor psychological or emotional harm ☐ Significant or major psychological or emotional harm ☐ Minor physical harm ☐ Significant or major physical harm ☐ Death

Please describe what happened.

Please describe what happened or what you are concerned about including the place, date and time the events occurred. Where appropriate, please include details of the type of treatment involved, names and contact details of any witnesses.

If more space is required, attach additional sheets with ***your name*** *clearly marked on each page*

Do you have supporting documentation (such as reports from other health practitioners or evidence of medication dispensed) from the event(s)?	☐ Yes ☐ No *Please ensure that you attach any other relevant information that you have, including photographs, reports, test results or retained medication to you notification so the Board/Council can consider it.*
Have you discussed your concerns directly with the health practitioner?	☐ Yes – ***provide details of the results of your discussion below:*** ☐ No
Have you made a complaint to another organisation about this matter?	☐ Yes – ***provide the name of the organization and the date below:*** ☐ No Date you lodged complaint: __ __ - __ __ - __ __ __ __

SECTION H: Authorisation

Notifier's declaration – **to be completed by the notifier**

Make sure that you have answered all of the relevant questions correctly.
An incomplete form may delay processing and you may be asked to complete a new form.

- I ask that BMO consider the issues described in this notification form.
- I am aware that BMO may send this form and attachments to the health practitioner concerned.
- I confirm that I have read the privacy and confidentiality statement for this form.
- I confirm that if I make a false or misleading statement or notification I am liable to actions and legislations pertaining to making false or misleading reports, and if I am a health practitioner, liable to have actions on my practice and registration.

☐ **By checking this box you acknowledge that you have read, understand and accept the statements above.**

Signature

Date: __ __ - __ __ - __ __ __ __

Are you the patient?

☐ Yes. I am the patient
*Please complete the **Consent Authorization Form 'A'***

☐ No. I am the patient-nominated representative
*If the patient is able to provide consent and wants you to represent him/her, please ask the patient to complete the **Consent Authorization Form 'B'***

☐ No. I am the legal representative of a patient without capacity
*If you are the legal representative of the patient who is without the capacity to make decisions, or is deceased, please attach evidence of your position as the legal representative of the patient and complete the **Consent Authorization Form 'C'***

Please hand in this form with attachments to:

Head of Boards
BOARDS MANAGEMENT OFFICE
2nd Floor, Ministry of Health
Commonwealth Drive
Brunei Darussalam
☎ +673 2380170 Fax: +673 2382032