

## Patient Complaint:

### Introduction:

The Somaliland National Health Professions Commission is a statutory body enacted by the **Health Regulatory Act 19/2001** which was passed by the parliament in 1999. The commission's mandate is to protect the public by ensuring the quality of health care provided by Health Professionals and Health Care Facilities as well as assessing and monitoring that Health Training Institutions are adhering to the standards set for health training and education.

**In addition**, NHPC is mandated to enforce and take disciplinary actions against malpractices, and ethical violations against patients, as well as preserving the patient right for quality health care services.

### National Health Professionals Commission (NHPC)

#### 1- Purpose:

To provide patients and their families with a mechanism for communicating a concern or complaint to NHPC (National Health Professionals Commission) through the *Act 19/2001* and to ensure that appropriate action is taken in regard to any complaint.

#### 2- Procedure:

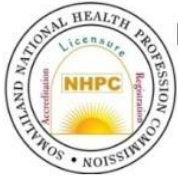
**Verbal complaints:** Please contact NHPC's **Phone Number 252-2-571283**

If you intent to make a verbal complain: Provide the following information:

- Complainant name
- Date of complaint
- Place of Incident
- Nature Complaint
- The Accused information including (Name and/or facility name, Telephone number and/or address of the facility, Registration number and license of health professional, health care facility and health training institution
- Preferred method of response.

**Written complaints:** Fill the following form and provide the following information

- Complainant name
- Date of complaint
- Place of Incident
- Nature Complaint



## National Health Professions Commission [ NHPC ]

Bada Cas Area, Hargeisa, Somaliland.

Tel: +252-2-571283 / Email: [info@nhpcsomaliland.org](mailto:info@nhpcsomaliland.org) / Website: [www.nhpcsomaliland.org](http://www.nhpcsomaliland.org)



- The Accused information including (Name and/or facility name, Telephone number and/or address of the facility, Registration number and license of health professional, health care facility and health training institution
- Preferred method of response.

### **Complaint submitted to the office:**

**You can also visit our office at the following address and submit your complaint to our staff:**

NHPC office phone number

And will be proceeded for an appointment at the NHPC office for the next step.



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## PATIENT COMPLAINT Form:

Patient Name: \_\_\_\_\_

Date of Complaint: \_\_\_\_\_

Complainant: \_\_\_\_\_ Date of Service: \_\_\_\_\_

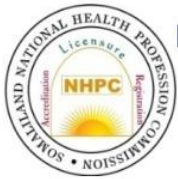
Relationship to patient:  Guardian  Spouse  Sibling  Child  Friend  Parent

Address/phone for follow up: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Patient Care Factors Staff Factors Organizational Factors Medical Staff

Type of Complaints (check/tick that apply)

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- Quality of care
- Administrative
- Billing/Fees
- Fraud
- Incompetence
- Professional Misconduct
- Sexual Misconduct
- Impairment
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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The PROBLEM (Briefly describes complaint, give dates and person involved; if complaint is written, attach copy and other supporting documentation):

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Name/department/facility of the complained about:

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Attached documents:

- 1)
- 2)
- 3)
- 4)

Complainant Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date:     /     /