APPEAL BY COMPLAINANT
NOTICE OF DECISION OF INVESTIGATION COMMITTEE
Section 51(1) to 51(5) of The Medical Act

NAME OF COMPLAINANT: ____

NAME OF PATIENT (if different from above): ______________________________

NAME OF PHYSICIAN(S): ____

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SPECIFY POINTS OF APPEAL AND GIVE REASONS WHY DECISION OF INVESTIGATION COMMITTEE SHOULD BE RECONSIDERED (use additional separate sheet if more space is required).