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): _____

_____

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