

TO: The Registrar

THE HEALTH PROFESSIONS COUNCIL (HPCSA)

P.O. Box 205, Pretoria, 0001 or

553 Vermeulen Street, Arcadia, Pretoria, 0001

or email: legalmed@hpcsa.co.za

or fax: +27 (0) 12 328 5120 / 328 4895

YOUR ADDRESS : \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

DATE: \_\_\_\_\_

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## LETTER OF COMPLAINT

Dear Registrar

RE: (Prof/Dr/Mr/Ms) \_\_\_\_\_

(FULL INITIALS AND SURNAME OF PRACTITIONER/S)

\_\_\_\_\_  
(POSTAL ADDRESS & PRACTICE NR/MP REGISTRATION NO)

Yours faithfully

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(PLEASE SIGN – THIS FORM IS INVALID WITHOUT SIGNATURE OF COMPLAINANT)

Faxed and/or E-mail letters must be signed and then forwarded to the HPCSA. The HPCSA cannot deal with unsigned and/or faxed and/or E-mail, unless the HPCSA receives the original signed letter. It is also important to correctly identify the practitioner (Surname, initials, practice address, practice number (if possible). Also include supporting documentation like statement of accounts etc.