Attachment 3. The Complaints on Accreditation of Medical Education

**The Complaints on Accreditation of Medical Education (Unit)**

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| **Basic Information of Complainant** | | | | |
| Name |  | | | |
| Address |  | | | |
| Authority |  | | | |
| Unit leader | Name |  | Position |  |
| Phone |  | Email |  |
| Contact | Name |  | Position |  |
| Phone |  | Email |  |
| **Complaints and Reasons**  (Please describe your complaints and reasons, such as complaints against accredited school for violating regulations related to accreditation or not truthfully reflecting the situation of professional construction, and complaints against WCAME or expert group for violating accreditation procedures, job specifications or discipline)  Complainant:  Signature of the unit leader:  (seal)  Date: | | | | |

**The Complaints on Accreditation of Medical Education (Individual)**

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| **Basic Information of Complainant** | | | |
| Name |  | Employer |  |
| Position |  | Title |  |
| E-mail |  | Phone |  |
| **Complaints and Reasons**  (Please describe your complaints and reasons, such as complaints against accredited school for violating regulations related to accreditation or not truthfully reflecting the situation of professional construction, and complaints against WCAME or expert group for violating accreditation procedures, job specifications or discipline)  Signature of the complainant：  Date: | | | |