

## Joint Surgical Colleges Fellowship Examination

### Complaint Submission Form

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|---|--|
| <b>Full Name of Candidate</b>   |  |
| <b>Email Address</b>  |  |
| <b>GMC/IMC number (if applicable)</b>   |  |
| <b>Date &amp; time reported to relevant authority/Board Chair</b>   |  |
| <b>Date of Examination</b>  |  |
| <b>Examination Component:<br/>Section 1 / Section 2</b>   |  |
| <b>Surgical Specialty</b>   |  |
| <b>Nature of complaint:</b>   |  |
| <p>Please email this form to: <a href="mailto:enquiries@jscfe.co.uk">enquiries@jscfe.co.uk</a> and await formal acknowledgement</p> |  |