

Joint Surgical Colleges Fellowship Examination

Complaint Submission Form

Full Name of Candidate	
Email Address	
GMC/IMC number (if applicable)	
Date & time reported to relevant authority/Board Chair	
Date of Examination	
Examination Component: Section 1 / Section 2	
Surgical Specialty	
Nature of complaint:	
Please email this form to: enquiries@jscfe.co.uk and await formal acknowledgement	