

# Contact – Complaints Form

[www.bayanaesthetists.co.za](http://www.bayanaesthetists.co.za)

This Contact/ Complaint form has been created to allow for patients and their representatives to formally address any issues that may require contact with Dr Lyell. The intention is to allow for a constructive interaction that results in a satisfactory result for all parties.

The procedure for submitting this form is:

1. **Submit the form by:**
  - a. Email: [margotlyell@yahoo.co.uk](mailto:margotlyell@yahoo.co.uk) or Fax: +27 862 182-248
  - b. E-mail: [admin@bayanaesthetits.co.za](mailto:admin@bayanaesthetits.co.za)
2. **Once submitted, you will receive confirmation of receipt by e-mail that your form has been received within 1 working day.**
3. **Your contact form will be comprehensively reviewed and responded to within 5 working days by Dr Lyell.**

In the event of a complaint, should you not be entirely satisfied with the result of your interaction with Dr Lyell post processing of your complaint, in accordance with the consent agreement provided pre-operatively, the complaint may be further pursued as follows:

1. Complaints can then be forwarded to the South African Society of Anaesthesiologists (SASA) at [ceo@sasaweb.com](mailto:ceo@sasaweb.com). (Website: [www.sasaweb.com](http://www.sasaweb.com)).
2. Should the processes of SASA not resolve your complaint, your complaint may be forwarded to the Ombudsman of the Health Professions Council of South Africa (HPCSA) Dr Munyadziwa Kwindu at [MunyadziwaK@hpcsa.co.za](mailto:MunyadziwaK@hpcsa.co.za). Should your complaint continue to be unresolved, the Ombudsman will advise on how best to pursue the complaint further.

**Dr. Margot Lyell**  
MBBCh (Stell), DA (SA), FCA (SA)  
**Specialist Anaesthesiologist**  
Practice No. 0358134

Practice: 041 363-2134/ 363-3528  
Email: [margotlyell@yahoo.co.uk](mailto:margotlyell@yahoo.co.uk)

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Accounts: 041 363-3528  
Accounts e-mail:  
[margotlyell@bayanaesthetists.co.za](mailto:margotlyell@bayanaesthetists.co.za)



DETAILS OF PERSON COMPLETING THIS FORM	
DATE:	
FULL NAMES & SURNAME:	TITLE:
RELATIONSHIP TO PATIENT:	
DAYTIME CONTACT NUMBER:	
NIGHT-TIME CONTACT NUMBER:	
CELLULAR CONTACT NUMBER:	
PREFERRED CONTACT NUMBER AND HOURS OF CONTACT:	
E-MAIL ADDRESS:	
PARTICULARS PATIENT	
FULL NAMES & SURNAME:	TITLE:
DATE OF ANAESTHETIC (IF APPLICABLE):	INVOICE NUMBER (IF APPLICABLE):
PROCEDURE PERFORMED (IF APPLICABLE):	
QUERY/ COMPLIMENT/ COMPLAINT:	
COMPLAINT: HAVE YOU DEALT WITH ANY OTHER PEOPLE RELATING TO THIS COMPLAINT?	
IF YES, PLEASE ELABORATE:	
COMPLAINT: HOW WOULD YOU LIKE THE COMPLAINT TO BE RESOLVED?	