



**REPORTING ALLEGATIONS OF IMPAIRMENT FOR STUDENTS AND
PRACTITIONERS REGISTERED WITH THE HEALTH PROFESSIONS COUNCIL OF
SOUTH AFRICA**

DEPARTMENT	CORE OPERATIONS
RESPONSIBLE OFFICER	HOD: PROFESSIONAL PRACTICE
DOCUMENT TITLE	IMPAIRMENT REPORTING FORM
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Notice

Note that the Health Professions Council of South Africa (HPCSA) collects, process and/or share your personal information for a purpose you would reasonably expect, including, but not limited to 1) providing you with advice and support that suit your needs as requested, 2) to notify you of new developments regarding the complaint/report, and 3) to confirm, verify and update your details and status or 4) to investigate matters relating to impairment of health practitioners in line with the regulations.

Be assured that the HPCSA will manage the information you provide with strict confidence to ensure comply with any legal and regulatory requirements. Some of your information that we hold may include your first and last name, email address, a home, postal or other physical address, other contact information, your title, birth date, gender, occupation and qualifications. No information will be shared without express consent to disclose, unless required by the law, court order or it is in the interest of the public. Where we share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us.

This form can be used by any member of the public or registered practitioner to report allegations of impairment of registered practitioner.

Note that the HPCSA will only liaise with the person reporting the case only if necessary and relevant, otherwise as soon as the case is opened no further correspondence will be entered into.

Send the duly completed form to BasaniM@hpcsa.co.za

SECTION A: INFORMATION OF THE PERSON REPORTING THE CASE

Name of the person reporting _____

Email Address _____

Contact details _____

SECTION B: INFORMATION OF THE ALLEGED IMPAIRED PRACTITIONER

Full Names of a health practitioner alleged to be impaired _____

Sex _____

ID number (If known) _____

HPCSA's registration number _____

Practice number (If known) _____

Employment status and place of work _____

SECTION C: ALLEGED IMPAIRMENT

Kindly provide or attach available medical reports and any other evidence.

Details of allegation/s (elaborate where necessary)

Provide any additional information or evidence e.g., medical reports, collateral statement etc.