



**MEDICAL CLAIMS – COMPLAINT FORM**  
**(MEDCL-6)**

Dear Sir/Madam,

In order to register your grievance / complaint, kindly fill this form and email it to our Medical Claims Department on email id : [Dubaicare-complaints@dubins.ae](mailto:Dubaicare-complaints@dubins.ae).

**DETAILS OF COMPLAINANT :-**

<b>DATE: -</b>	<b>POLICY NO.</b>	<b>MEMBER I.D.</b>
<b>NAME</b>		
<b>TELEPHONE NO / EMAIL I.D.</b>		

**DETAILS OF THE COMPLAINT:-**

**Signature of the Complainant: - .....**

**Date: .....**

**Signature of the Department Head: -.....**

**Date: -.....**

**INVESTIGATION DETAILS (FOR D I C USE ONLY)**

**REVIEW OF ACTION**

**Date:-.....**

**Sign:-----**

**Complaint No : .....**