



UNITED ARAB EMIRATES
MINISTRY OF HEALTH & PREVENTION

9/1/2023

Complaints about Private Health Facilities and their Medical Staff

User Manual Document Version: 1.0

Updated: January 9th, 2023

Ministry of Health & Prevention – UAE©

Table of Contents

- 1. Service Overview – Summary 3
- 2. Service Conditions & Requirements 3
- 3. Create new account..... 4
- 4. Log into the system 5
- 5. Submit Complaint..... 7
- 6. View All Applications 12

1. Service Overview – Summary

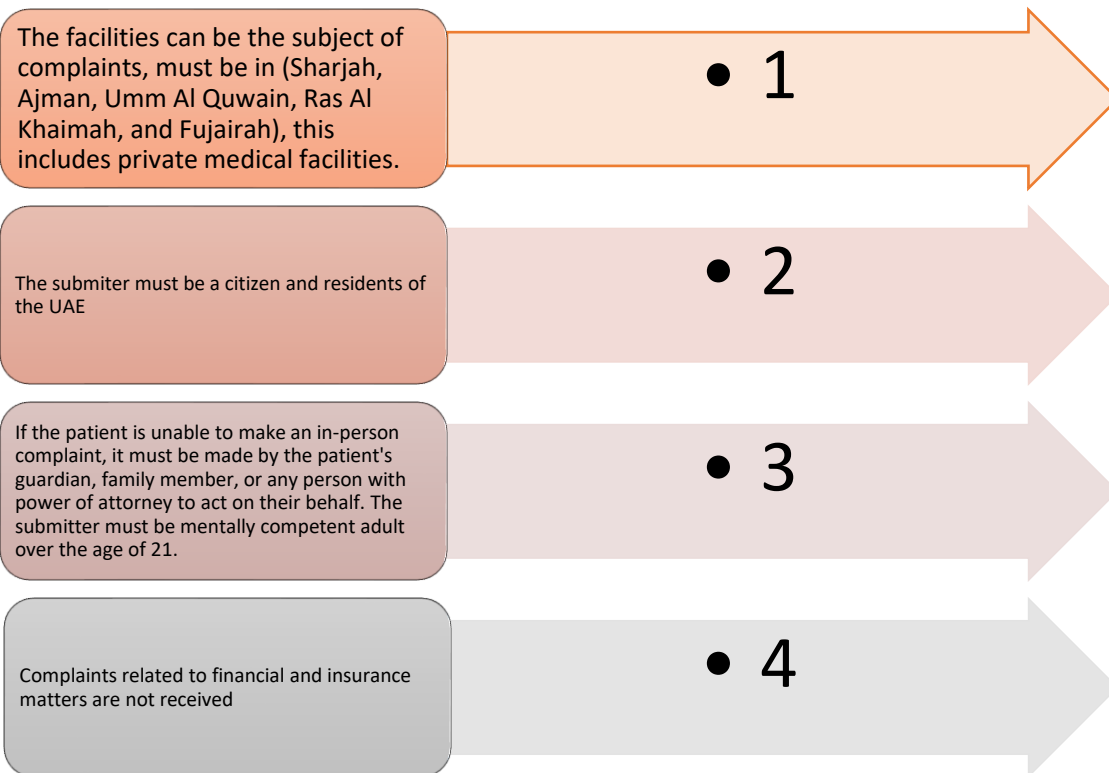
The “Complains about Private Health Facilities and their Medical Staff” service enables end user to submit their complains to MOHAP to ensure that mistakes are never made again and to help them follow up the process of their application.

There are different channels to submit the complaint:

- [MOHAP Website](#)
- [MOHAP Customer Happiness Center](#) in the representative offices
- [MOHAP SmartApp](#)
- [Customer Happiness Center - Dubai](#)

This document will go through it over website.

2. Service Conditions & Requirements



3. Create new account


If the user is new (i.e., you do not have account) you need to Register and Create a New Account to be able to access MOHAP services.

If you are already a MOHAP user, then [Login to the system directly](#)

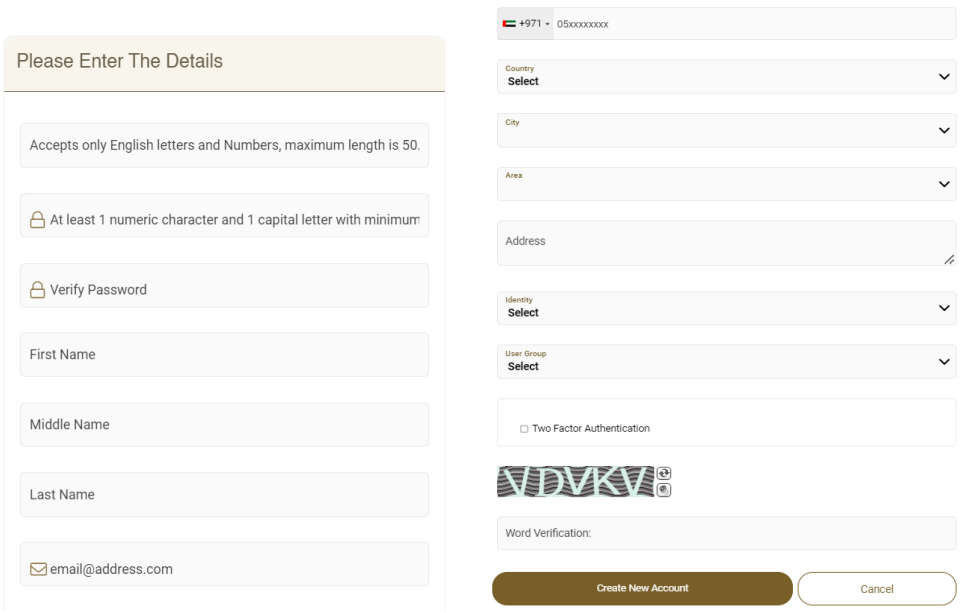
Create New Account – Register/Sign up

If the user is new (i.e., doesn't have an account) the user need to Create a New Account First

- **Go to the official website of the [Ministry of Health](#)**
- **On the right side click on the Login tab**
- **Since the user does not have an account yet, the user will need to Register**



To Sign Up, the user needs to fill all the required information and follow the steps

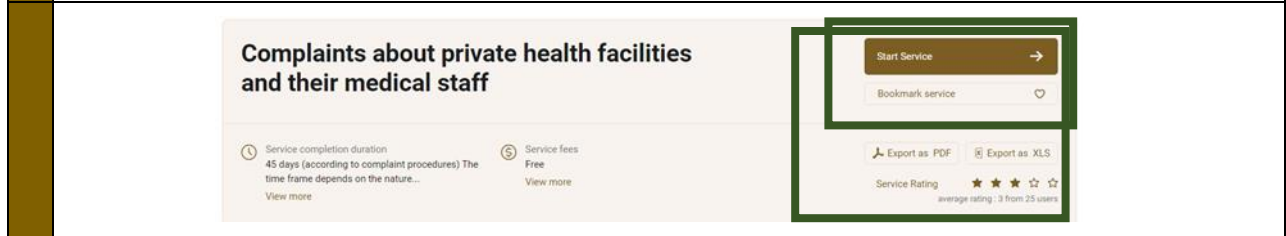
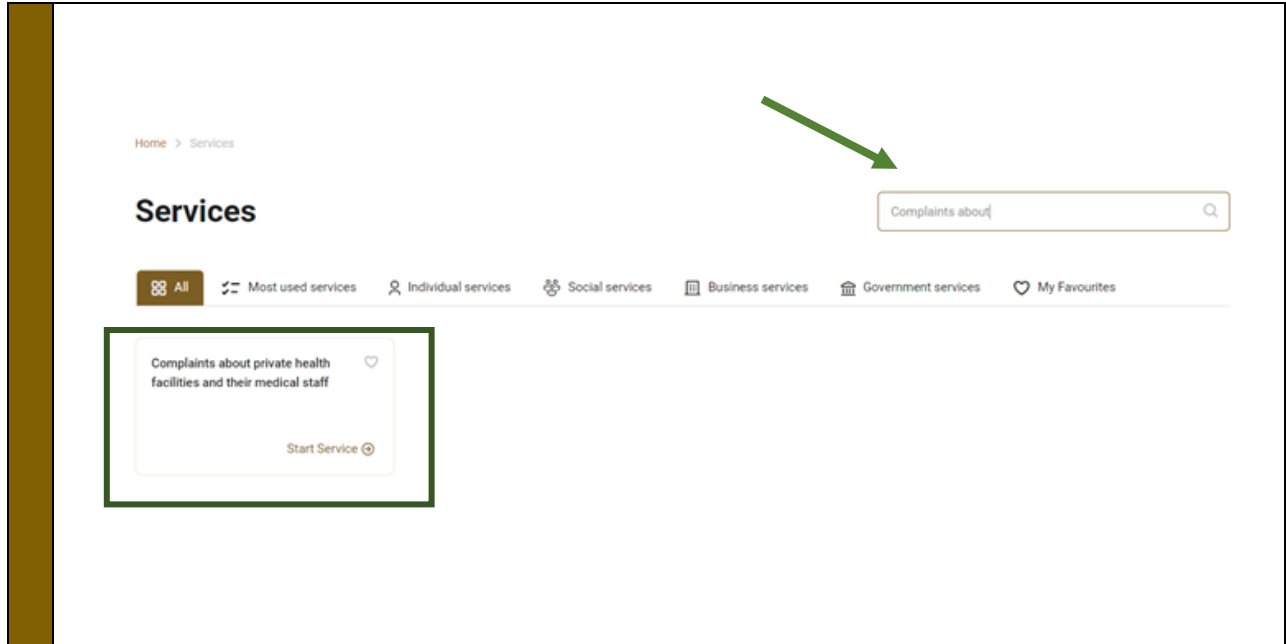


- **Click create account.**
- **After completing the registration steps, the following alert will show to confirm that all records are saved successfully, and a verification email has been sent for activation.**

<p>Signup</p> <div style="border: 1px solid #ccc; padding: 5px; margin: 10px auto; width: 80%; text-align: center;"> <p style="color: green; font-size: small;">Record Saved Successfully and Email has been sent to User For Activation</p> </div>
<p><i>Go to the email entered when registering, and click on the link to activate the MOHAP Account</i></p>
<p>Dear</p> <p>Thank you for registering with Ministry of Health and Prevention E-Services.</p> <p>Please open below url to activate your account.</p> <p>Account Activation Link</p> <p>Regards,</p> <p>Ministry of Health And Prevention, UAE</p>

4. Log into the system

#	User Login
1	<p><i>If the user already has an account and wants to access any of MOHAP services, the user needs to follow the below steps</i></p> <ol style="list-style-type: none"> 1. <i>Go to the official website of the Ministry of Health</i> 2. <i>Click on Services</i> 3. <i>Look for the required service OR search for its name in the search bar</i> 4. <i>Select the required Service icon</i> 5. <i>After choosing the service click on Start Service as the below screen.</i> 6. <i>If the user has logged in from the official page, then when the user clicks on “Services” they’ll be directly transferred to the service, otherwise the user will have to login after clicking on “Start Service”.</i>



3

Ministry Of Health And Prevention

Login Register

Login with UAE PASS
A single trusted digital identity for all citizens, residents and visitors.

Or

User Name

Password

Account Type
Customer

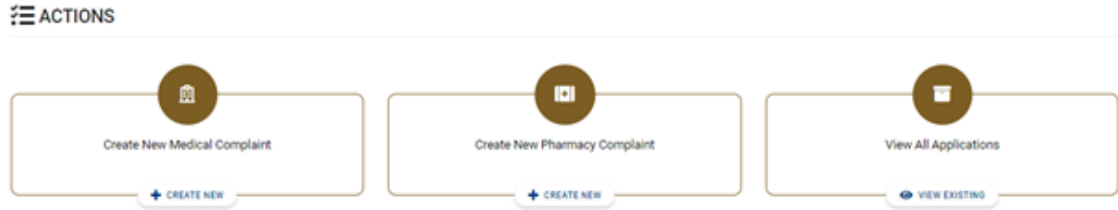
Remember Me [Forgot Password](#) [Forgot User Name](#)

Login

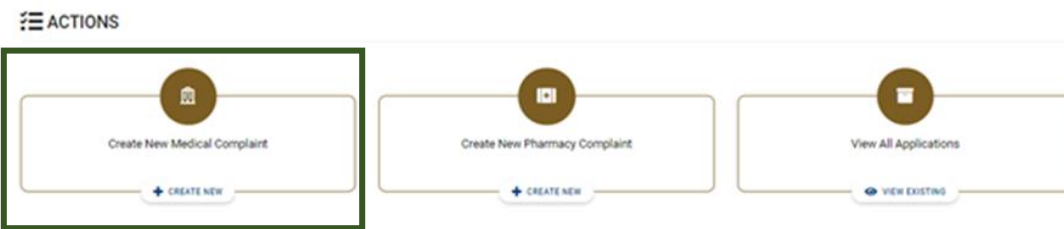
5. Submit Complaint

5 Open the suitable form from the services list

The user needs to choose the kind of the complaint:



A. Create New Medical Complaint



- Start the application by filling the required information,
- First, Patient information

Medical Facility Complaint Form

Patient Information
 Facility Information
 Complaint Details
 Supporting Documents

Note:
Please use this section to provide details about the patient.
The patient is the one who was affected by the incident (directly or indirectly) while being under the treatment.

Who is the patient? *

I am the patient. I was affected during treatment.
 I am not the patient. I am registering on behalf of the patient.

Name of the Patient *

Male Female

Patient Information Full Name This field is required

Emirates Id *

Health Card Number (MOHAP) *

Nationality *

Emirate *

UAE Mobile Number (05xxxxxxxx) *

This field is required

Email Address *

Address

- Second, fill the required Facility Information

Medical Facility Complaint Form

Facility Information

FACILITY SELECTION
Please choose the facility against which you are filing the complaint.

Emirate *
Select

Facility Name *
Nothing selected

STAFF SELECTION
Please choose the staff from the facility against which you are filing the complaint (if applicable).

Is this complaint against a medical professional? No Yes

Acknowledgement
I confirm all information submitted on this form and the supporting documents are true to the best of my knowledge.
I hereby authorize the ministry of health Prevention complaints officer to access and obtain copies of medical records for the purpose of the investigation.

Save Submit Back

- Third, fill and choose the Complaint Details

Complaint Details

Incident Date
09/01/2023

Please describe the details about your complaint *
(To be completed in points) please include all details about your complaint and who is involved as well.

Did you file a complaint with the health facility itself? * No Yes

What actions do you expect from MOHAP for this complaint? *
Provide your expectations in regard to the outcome of this complaint.

Acknowledgement
I confirm all information submitted on this form and the supporting documents are true to the best of my knowledge.
I hereby authorize the ministry of health Prevention complaints officer to access and obtain copies of medical records for the purpose of the investigation.

Save Submit Back

- Fourth, add Supporting Documents

Supporting Documents

Instructions:
Please provide any supporting documents such as Medical Report, Receipt, Prescription etc (if any)
Allowed file types : .jpg, .png, .pdf, .jpeg, .doc, .docx. | Maximum file size : 15 MB
Please do not include any special characters in the file name, e.g. "\,/,&,@

Documents *
Select

Attachment Comments
Attachment Comments

Upload Document Cancel

Documents List
No documents to display

Acknowledgement
I confirm all information submitted on this form and the supporting documents are true to the best of my knowledge.
I hereby authorize the ministry of health Prevention complaints officer to access and obtain copies of medical records for the purpose of the investigation.

Save Submit Back

Pay attention to the document type and size.

- Once you are done filling all the required information you have two options:

⚠ Acknowledgement

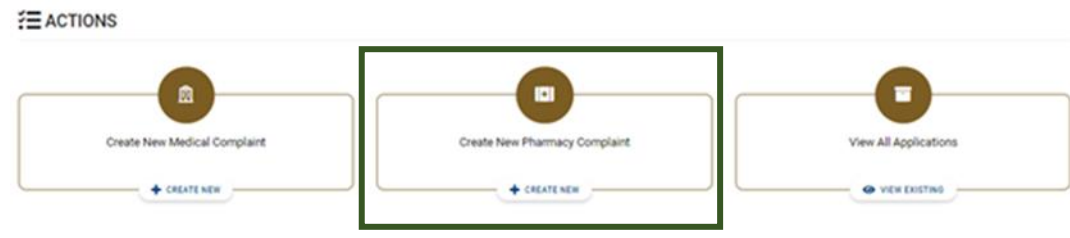
I confirm all information submitted on this form and the supporting documents are true to the best of my knowledge.
I hereby authorize the ministry of health Prevention complaints officer to access and obtain copies of medical records for the purpose of the investigation

Save Submit Back

- You may **Save** the application to get back to it later to make edits.
- You may **Submit** the application directly, if you are sure of all the information you added.

Pay attention to the acknowledgment added to every step in the service application.

B. Create New Pharmacy Complaint



- Start the application by filling the required information,
- First, Edit and add the missing User Information

User Information | Patient Information | Complaint Details | Facility Information | Complaint Attachments

Welcome to Medical Complaints and Grievances System

As a new user to the System, we request you to Register and move forward to make a complaint.

User Registration

Name of the user *
MMuna ALT

Gender *
Female

Nationality *
Jordan

Emirate *
Dubai

UAE Mobile Number (05xxxxxxxx) *
0500000000
This field is required

Email Address *
email@address.com
This field is required

Address
البحر

Save Submit Back

You will be able to find filled fields, imported from your profile. You can edit the filled fields.

- Second, fill the Patient Information and pay attention to the system note,

Note
Please use this section to provide details about the patient.
The patient is the one who was affected by the incident (directly or indirectly) while being under the treatment.

Who is the patient? *

I am the patient. I was affected during treatment.
 I am not the patient. I am registering on behalf of the patient.

Name of the Patient *
MMuna ALT

Date of Birth*
[Calendar icon]

Gender * Male Female

Emirates Id *
999-9999-9999999-9

Health Card Number (MOHAP) ⓘ
Health Card Number (MOHAP)

Nationality*
Jordan

Emirate*
Dubai

UAE Mobile Number (05xxxxxxxx) *
0509627827

Email Address *
halaaltahainh@gmail.com

Address
J.lac

- Third, fill the Complaint Details carefully,

Complaint Details

Incident Date
09/01/2023

Please describe the details about your complaint *
(To be completed in points) please include all details about your complaint and who is involved as well.

Did you file a complaint with the health facility itself? * No Yes

What actions do you expect from MOHAP for this complaint? *
Provide your expectations in regard to the outcome of this complaint.

Note: know that you can save a draft in any step you reach,

● Fourth, adding Facility Information

User Information Patient Information Complaint Details **Facility Information** Complaint Attachments

Emirate *
Select

Facility Name *
Nothing selected

Facility Type
Type of the Facility

Telephone
06xxxxxxx

Address

Is this complaint against a medical professional?

Save Submit Back

● Fifth, uploading the Complaint Attachments

User Information Patient Information Complaint Details Facility Information **Complaint Attachments**

Instructions:
Please provide any supporting documents such as Medical Report, Receipt, Prescription etc (if any)
Allowed file types: .jpg, .png, .pdf, .jpeg, .doc, .docx. Maximum file size: 15 MB
Please do not include any special characters in the file name. e.g. *\&#*'

Documents *
Select

Attachment Comments
Attachment Comments

Upload Document Cancel

Documents List
No documents to display

Save Submit Back

- You may Remove the uploaded document via the button next the field

User Information Patient Information Complaint Details Facility Information **Complaint Attachments**

Instructions:
Please provide any supporting documents such as Medical Report, Receipt, Prescription etc (if any)
Allowed file types: .jpg, .png, .pdf, .jpeg, .doc, .docx. Maximum file size: 15 MB
Please do not include any special characters in the file name. e.g. *\&#*'

Documents *
MicrosoftTeams-image (49).png Remove

Attachment Comments

Save Submit Back

- Once you are done filling all the required information you have two options:

Acknowledgement

I confirm all information submitted on this form and the supporting documents are true to the best of my knowledge.
I hereby authorize the ministry of health Prevention complaints officer to access and obtain copies of medical records for the purpose of the investigation

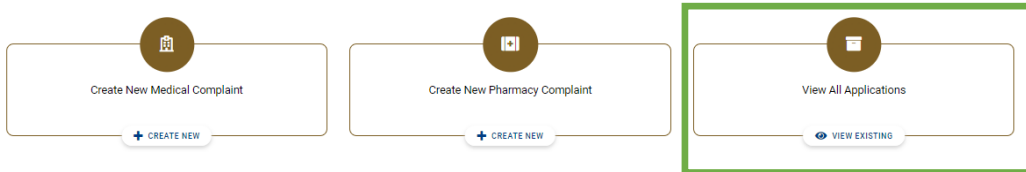
- You may **Save** the application to get back to it later to make edits.
- You may **Submit** the application directly, if you are sure of all the information you added.

Pay attention to the acknowledgment added to every step in the service application.

6. View All Applications

6 View All Applications

- This interface allows you to go through your submitted/ drafted complaints.
Here's how to navigate:



- From the main interface of the services, click on View All Applications

- The following service appears after the click,

Medical Complaints & Grievances System

Q Applications Search

Reference Number: Incident Date: Last updated on:

Complaint Type: Application Status:

☰ New Complaint Applications 0 - 0 of 0

Sort By: Quick Filter:

No Data to Display

☰ Complaint Applications 0 - 0 of 0

Sort By: Quick Filter:

No Data to Display

- It allows you to search for a draft or a submitted application using different fields:

The screenshot shows a search interface with four filter fields: 'Reference Number', 'Incident Date', 'Last updated on', 'Complaint Type', and 'Application Status'. Each field has a dropdown menu. A 'Search' button is located at the bottom right, with a green arrow pointing to it.

- You may fill all the fields or fill some,
- Click on search

- The applications will appear respectively under its suited title:

The first screenshot shows a table titled 'New Complaint Applications 0 - 0 of 0'. Below the title are sorting and filtering options: 'Sort By:' with a dropdown and sort icons, and 'Quick Filter:' with a dropdown and search input. The table content is empty, displaying 'No Data to Display'. The second screenshot shows a table titled 'Complaint Applications 0 - 0 of 0' with identical sorting and filtering options and an empty table.

Note: in this screen, there are no results.

The End