



# Medical Error Complaint

## User Manual

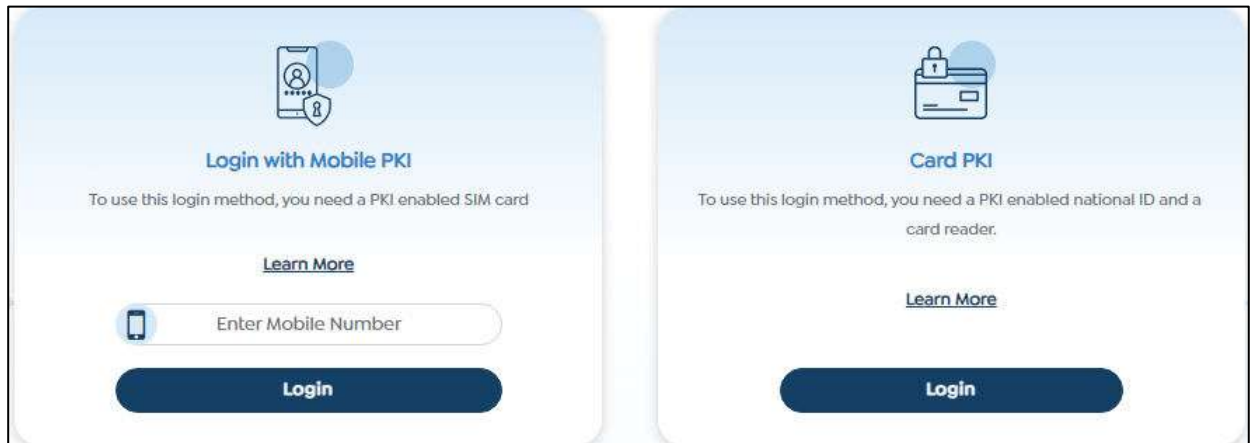


## Table of Contents

1. Login .....	3
2. Medical Error Complaint .....	4

## 1. Login

You can login to the system with your account using two different methods: Mobile PKI and Card PKI. The **Login** page appears as shown below:



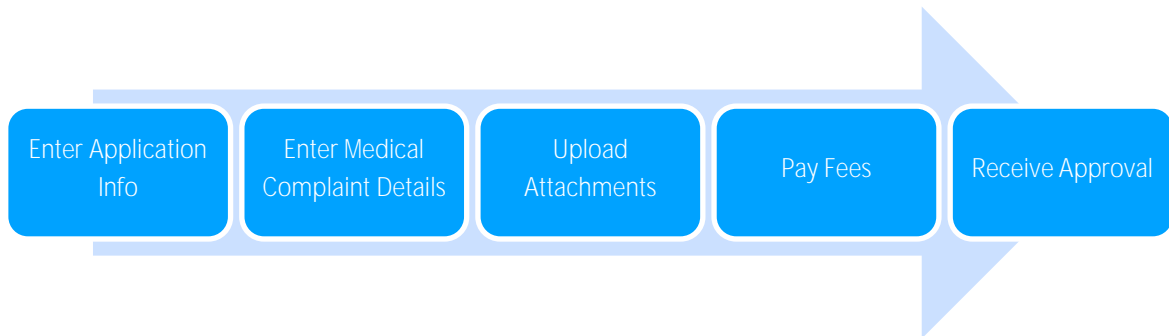
The screenshot shows a login interface with two main sections. The left section is titled 'Login with Mobile PKI' and includes a sub-header 'To use this login method, you need a PKI enabled SIM card'. Below this is a 'Learn More' link, a text input field labeled 'Enter Mobile Number' with a mobile phone icon, and a dark blue 'Login' button. The right section is titled 'Card PKI' and includes a sub-header 'To use this login method, you need a PKI enabled national ID and a card reader.' Below this is a 'Learn More' link and a dark blue 'Login' button.

- For **Mobile PKI**, you enter your mobile number then you click **Login** button on the left side, and it you enter your password on your phone.
- For **Card PKI**, you click **Login** on the right side, then you use the ID card reader to read your card, and then you enter your password on the computer screen.



## 2. Medical Error Complaint

Through this page you submit a complaint of a medical error for yourself, a family member, or a legal representative. The process is as follows:



The Medical Error Complaint Service page appears as shown below:

To apply for the service, follow the steps below:

1. Select for whom you are reporting the medical error, if you select either “Family member” or “Legal Representative”, the following fields appear:



**Applicant / Patient Relationship**

Reporting For \* Legal Representative

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**Applicant Information**

Applicant Civil ID Civil Id Number Expiry Date \* dd-mm-yyyy Verify

---

**Patient Information**

Patient Civil ID Civil Id Number Expiry Date \* dd-mm-yyyy Verify

---

**Social Insurance Information**

Does Patient has Social Insurance: ☐ Yes ☒ No

Next >

2. Enter applicant's Civil ID and expiry date, then click Verify button and the following details appear:

**Applicant Information**

Applicant Civil ID Expiry Date \* 19-05-2025 Verify

---

**Applicant Personal Information**

Applicant Name Applicant Age 39

Applicant Email \* Alternate Phone

Applicant Phone \* Send OTP OTP \* Verify

3. Enter applicant's email and phone number then click Send OTP, once you receive the SMS enter the OTP and click Verify.
4. In case you selected "Family member" or "Legal Representative", enter patient's information which consist of Civil ID and expiry date, then click Verify button and the following details appear:

**Patient Personal Information**

Patient Name Patient Age 39

Patient Email \* Patient Alternate Phone

Patient Phone \* Alternate Phone



5. Enter patient's email, phone number and alternate phone, if any.
6. Select if the patient has social insurance, if yes, the following page appears:

**Social Insurance Information**

Does Patient has Social Insurance \* ☒ Yes ☐ No

Social Insurance No \*  Expiry Date \*

Next >

7. Enter social insurance number and expiry date.
8. Click **Next >** and the following page appears:

**Medical Complaint Details**

You have the option to enter the medical complaint details or attach the Complaint Letter in the next attach tab page

**Medical Complaint Details**

Establishment Sector \*

Establishment \*

Patient File ID \*  Incident Date \*

Medical Error Details \*

**+ Add Complaint Details**

Establishment Type	Establishment Name	Patient File ID	Incident Date	Medical Error Details	Action
<p>No Establishments Added...</p>					

**< Back** **Next >**

9. Select establishment sector, if you select either “Private Hospitals” or “MOH Hospitals”, the following fields appear:

Governorate \*  Wilaya \*

10. Select governorate and wilaya from dropdown lists.
11. Select establishment.
12. Enter patient ID, incident date, and medical error details.



13. Click [+ Add Complaint Details](#) and the following details appear:

Establishment Type	Establishment Name	Patient File ID	Incident Date	Medical Error Details	Action
Private Health Establishments	G	123	01-07-2025	nil	<a href="#">Delete</a>

[< Back](#) [Next >](#)

You can add more records or delete them.

14. Click [Next >](#) and the following page appears:

Application Info  
Medical Complaint Details  
**Attachment**  
Fees  
Previous

### Attachment

Medical Complaint Documents

Required Attachment	Description	File Name	Action
Applicant/Patient Relationship Document	* Allowed filetypes (jpg,pdf,png) & size must not exceed 5 MB		<a href="#">Upload file</a>
Complaint Letter	* Allowed filetypes (jpg,pdf,png) & size must not exceed 5 MB		<a href="#">Upload file</a>
Medical Reports	* Allowed filetypes (jpg,pdf,png) & size must not exceed 5 MB		<a href="#">Upload file</a>
Meeting Minutes With Establishment *	* Allowed filetypes (jpg,pdf,png) & size must not exceed 5 MB		<a href="#">Upload file</a>
Other Document	* Allowed filetypes (jpg,pdf,png) & size must not exceed 5 MB		<a href="#">Upload file</a>

[< Back](#) [Next >](#)

15. Upload the required attachments using the [Upload file](#) button.

16. Click [Next >](#) and the following page appears:

Application Info  
Medical Complaint Details  
Attachment  
**Fees**  
Previous

### Fees

Fee Details

Fees to be paid: 25 OMR

[< Back](#) [Next >](#)



17. View the service fees then click **Next >** and the following page appears:

**Application Info**

**Medical Complaint Details**

**Attachment**

**Fees**

**Preview**

**Applicant Information**

**Applicant / Patient Relationship**

Reporting For: Personal

**Applicant Personal Information**

Applicant Civil ID: [Redacted] Expiry Date: 11-01-2027

Applicant Name: [Redacted] Applicant Age: 39

Applicant Email: [Redacted] Applicant Phone: [Redacted]

Alternate Phone: Alternate Phone

**Social Insurance Information**

Does Patient has Social Insurance: ☐ Yes ☒ No

**Medical Complaint Details**

Establishment Type	Establishment Name	Patient File ID	Incident Date	Medical Error Details
Private Health Establishments	G	111	01-01-2025	00

**Fee Details**

**Fee Details**

Fees to be paid: 25 OMR

**Declaration**

☐ I hereby declare that all the information provided in this application form is true and accurate. I understand the providing incorrect or misleading information will result the rejection of my application.

**Back** **Continue to Payment >**

18. Review all the details. Once done, add a tick to the checkbox to declare that the entered information is true and correct.
19. Click **Continue to Payment >** and the following message appears:

**Confirmation** **x**

Are you sure you want to Confirm and Proceed for Payment?

**Confirm** **Cancel**





20. Click **Confirm** button, and the following page appears:

The screen displays a 'Payment Summary' with the following information:

Applicant Name	Establishment Owner
Application Reference Number	POME0402922506814Y
Payment Reference Number	POPOME3000140071404250I
Application Fees	25.000 OMR
<b>Total Fees :</b>	<b>25.000 OMR</b>

At the bottom, there are two buttons: '< Back' and 'Pay Now >'.

21. Click **Pay Now >**, you will be transferred to the payment page.

Once done, you will receive the receipt as shown below:

The screen displays 'Payment Transaction information' with the following details:

Application Number:	POME0402922506814Y	
Application issue Date:	14-04-2025 14:50:45	
Payment Id	Order Reference Number	Transaction Date Time
60030259040584551	POPOME3000140071404250I	14-04-2025 02:51 PM
Transaction Ref	Payment Status Description	Transaction Amount
Card Number	Success - CAPTURED	25.000 OMR
	Track ID	
	40270	

At the bottom, there is a button labeled 'My Applications'.

The application goes to approval process. You can view your applications using the

**My Applications**

button.



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