

Patient complaint form

1. Are you happy with the care or service you received? YES NO

2. Do you have a complaint about the service you received? YES NO

3. I am lodging this complaint on behalf of: **Myself** **Someone else**

4. Date the incident occurred:

5. On which department of ImSan did the incident occur?
 - Emergency room
 - Ambulance service

 - Hemodialysis
 - Peritoneal dialysis

 - Diabetes Center
 - Ophthalmology
 - Radiology

 - Surgery
 - Radiotherapy/Oncology
 - Other...

6. Use the space below to provide a short summary of your complaint.

7. Would you like to speak to the complaints officer regarding this matter?

- YES, in person
- YES, by telephone
- NO

With providing my details, I understand that the staff investigating this complaint may need to see and review my health record, but that information will be kept confidential.

First and Last Name: _____

Date of Birth: _____ **Gender:** _____

Address: _____

Telephone: _____ **E-mail:** _____

AZV-number: _____

Signature: _____ **Date:** _____

**Please fill in the details of the person who received the service, if you are complaining on behalf of someone else.*

First and Last Name: _____

Date of Birth: _____ **Gender:** _____

Address: _____

Telephone: _____ **E-mail:** _____

AZV-number: _____

Thank you for taking the time to bring your complaint to our attention. We will acknowledge your complaint within 3 working days and aim to have fully investigated within 6 weeks of the date it was received. If we expect it to take longer we will explain the reasons for the delay.