

Feedback and Complaint Form

Please fill in completely

Your Detail	s (the person submitting the complaint)		
Name:		M/F	
Adress:			
Phonenumb	ber:		
	ils (this can be someone other than the su	ubmitter)	
Patient nam			
Patient date			
Relationship	b between submitter and patient (e.g. parent	, wite):	
Nature of th	ne complaint		
Date event:		Time:	
The complai	int is about (several choices possible):		
	Employee's medical actions		
	Treatment by employee (= the way the employee talks or interacts with you)		
	Organization GP practice (= the way in which various matters are arranged in the practice)		
	Accessibility of the practice		
	Administrative handling		
	Something else		
Desciption:			
Signature:		Date of submission:	

You can hand in the filled in form with the assistent at the frontdesk or put it in the complaint box in the waiting room during opening hours. Monday to friday 8:00-12:00 en 14:00-17:00.

Within 5 workdays we will contact you bl contact you by phone or in writing.