Afbeelding met tekst, Lettertype, Graphics, logo

Automatisch gegenereerde beschrijving **Complaint form**

|  |  |
| --- | --- |
| Name: |  |
| Date of birth: |  |
| What are your contact details? | Email:  Telephone number: |
| Which healthcare provider is the complaint or suggestion about? | General practitioner  Assistant  POH GGZ  POH S   Otherwise, namely …… |
| Date of event: |  |
| Time of event: |  |
| The complaint is about: (Multiple choices possible) | Medical treatment of the employee  Treatment by employee (the way the employee talks to you or interacts with you)  Organisation of GP practice (the way in which various matters are arranged in practice)  Administrative or financial processing  Something/someone else; |
| Describe your complaint here |  |
| What would you like us to do with this complaint? /  What feedback would you like and how would you prefer to receive it? |  |