Centro Médico Central Kaya Soeur Bartola 7 715 3010 baliecmc@bonairemedischcentrum.com



Complaint Form

Please fill in completely

Your Details (the person submitting the complaint)	
Name:	M/F
Adress:	
Phonenumber:	
Deticat details (this can be consequently as the submitted)	
Patient details (this can be someone other than the submitter)	
Patient name:	
Date of birth from patient:	
Relationship between submitter and patient (e.g. parent, wife):	
N	
Nature of the complaint	
Date event:	Time:
The complaint is about (several choices possible) • Employee's medical actions • Treatment bij employee (= the way the employee talks or interacts with you) • Organization GP practice (= the way in which various matters are arranged in practice) • Accessibility of the practice • Administrative handling • Something else	
Desciption of the complaint:	

You can send the completed form or drop it off at the practice. We will then contact you by telephone or in writing

Date of sudmission: