



Complaint form

Personal details (of the person who makes the complaint)

| | | |
|-------------------|--|---------------|
| Name | | Male / Female |
| Address | | |
| ZIP code and city | | |
| Phone number | | |

Personal details of the patient (this can be someone else than the person who fills out the form)

| | |
|--|-----------------------|
| Name of the patient: | |
| Date of birth of the patient: | / / |
| Relationship between submitter and patient (e.g. parent, partner): | |

Type of complaint

| | |
|----------------|-------|
| Date of event: | Time: |
|----------------|-------|

The complaint is about (*more options available*):

- Medical acting of employee
- Treatment by employee
(= the way the employee talks to you or interacts with you)
- Organisation of the general practice
(= the way in which various issues are managed)
- Administrative or financial handling
- Other issues

Description of the complaint:

p.t.o.

(continuation of description of complaint)

You can hand over the filled form at our practice on the Boomsluiterskade 299 or send it by e-mail to info@dedoc.nl

After we have received the form we will contact you by phone or in writing.

De Doc huisartsen is affiliated to the complaints committee of

HADOKS
President Kennedylaan 15
2517 JK Den Haag

If necessary, the HADPKS complaints officer can be reached on telephone number (070) 302 98 20.

In case you need help with filling out this form, you can call the information and complaint office health care (Informatie en Klachtenbureau Gezondheidszorg) in your area, phone number: 0900 2437070