

**COMPLAINT FORM**  
-fill in form entirely-

**Personal information** (of the complainant)

|                   |     |
|-------------------|-----|
| Name:             | M/V |
| Address:          |     |
| Zip code + city:  |     |
| Telephone number: |     |
| Date:             |     |

**Personal information of the patient** (this can be someone else as the complainant)

|  |
|--|
| Name of the patient:   |
| Date of birth the patient:   |
| Relation between the complainant and the patient (e.g. parent or husband): |

**Nature of the complaint**

|  |       |
|--|-------|
| Date of the event:   | Time: |
| The complaint is about (more than one option possible):  |       |
| <input type="checkbox"/> medical practice of a employee  |       |
| <input type="checkbox"/> treatment by a employee<br>(the way a employee talks to you or treats you)                |       |
| <input type="checkbox"/> organisation in/of the practice<br>(the way certain things are organised in the practice) |       |
| <input type="checkbox"/> a administrative or financial matter  |       |
| <input type="checkbox"/> something else  |       |

**Description of the complaint**

Need more space? Add another paper with the description of your complaint.

U can send this form to the practice or email it to [info@huisartsensarphatipark.nl](mailto:info@huisartsensarphatipark.nl)  
Within 3 days we will contact U. We will try to settle your complaint within 4 weeks.

Would you rather not discuss your complaint with us? Then you can contact the  
Stichting Klachten & Geschillen Eerstelijnszorg (SKGE).  
For more information see: [www.skge.nl](http://www.skge.nl)

We prefer you discuss your complaint with us.