

**General Practice Vrolijk**

Gerard Terborgstraat 46, 1071 TP, Amsterdam

Tel: 020-673 1337

Email: vrolijk@roelofhart.nl

**Complaint form for patients**

*- Please fill out completely –*

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| **Your details** (person submitting the complaint) |
| Name: M/FAddress:Postal code + town/city:Telephone number:  |

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| **Patient’s details** (if different from the person submitting the complaint) |
| Patient’s name:Patient’s date of birth:Relationship between the person submitting the complaint and the patient (e.g. parent, spouse): |

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| **Nature of the complaint** |
| Date of the event: Time: |
| The complaint concerns *(more than one option is possible)*:* Medical treatment by employee(s)
* Treatment by employee(= the way in which the employee spoke to you or dealt with you)
* Organisation of general practice(= the way in which various matters are arranged in the practice)
* Other
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| Description of the complaint: |