

**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/F Address: 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 |
| Description of the complaint: |