

**COMPLAINTS FORM**

<b>Complainant details</b>	
Name:	Postcode and town/city:
Address:	Daytime telephone number:
Date of birth:	Location of patient:

<b>Details client or patient concerned (complete only if client or patient is not acting as complainant themselves)</b>	
Name:	Postcode and town/city:
Address:	Daytime telephone number:
Date of birth:	Department/location:
Relationship to the complainant:	

<b>Who is the complaint directed towards?</b>
Name:
Address:
Function:

<b>Short description of complaint</b> (If the space below is too limited, you may explain your complaint in more detail in an attachment)
Date the complaint arose:
Description of the complaint:

If applicable: names, functions, location of other parties involved:



**Mediation session:**

- Would you appreciate having a conversation with the employee concerned under the supervision of a manager? Yes / No
- Would you like to talk to a mediator? Yes / No

**Authorisation (complete only if the client is not acting as complainant him- or herself):**

In order to deal with a complaint that is not submitted by a client or patient him- or herself, it is necessary for the complaints commission to receive a statement which shows that the client/patient/legal representative in question authorises the complainant to do so on his/her behalf.

I, ..... (name of client/patient), hereby authorise Ms.....and/or Mr....., to act on my behalf during the handling of my complaint by the iMindU complaints commission:

Date:

Signature client or patient:

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**Signature complainant:**

Date:

Signature client or patient:

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You can upload this form (completed and signed) to the iMindU patient portal for the attention of the complaints commission.

