

COMPLAINTS FORM

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

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

Who is the complaint directed towards?
Name:
Address:
Function:

Short description of complaint (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 officer 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 GGZ complaints officer:

Date:

Signature client or patient:

Signature complainant:

Date:

Signature client or patient:

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

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