

**Complaint registration form**

|  |  |
| --- | --- |
| **Date :** |  |
| **Name :** |  |
| **Adress :** |  |
| **Date of birth :** |  |
| **Telephone :** |  |
| **Email :** |  |

|  |  |  |
| --- | --- | --- |
| Regards | * Me | * Family/Other |
|  |  |  |
| Contents | * Medical care | * Attitude |
|  |  |  |
|  | * Organization | * Other |
|  |  |  |
|  | * Financial |  |
|  |  |  |
| Contents (Who/When/Who) |  |  |

|  |  |  |
| --- | --- | --- |
| **You wish** | * Conversation with complaints person | * Action without information |
|  | * Conversation with person it regards | * Action with information |