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| **Complaint Form** |
| Name: |
| Date of birth: |
| Address: |
| Phone number: |
| E-mail: |
| Date complaint: |
| Date report: |
| I agree with access to file of the involved patient: YES / NO |
| Objective description of the complaint: |
| Other involved persons: |
| Suggestions for improvement: |

You can download the complaint form and deliver it at the front desk of our medical center. You will receive a confirmation and your complaint will be taken care of. Depending on the complaint, we may have to consult your medical file, therefore we ask you for your permission.

We consider complaints as an opportunity for improvement of our service. In case you are not satisfied with the outcome, you can turn to the Stichting Klachten en Geschillen Eerstelijnszorg (SKGE). This national organisation has its roots in the ‘Wet kwaliteit, klachten en geschillen in de gezondheidszorg (Wkkgz)’. All GP’s at Loudon Medical Center are affiliated.