



HUISARTSENPRAKTIJK
Windhausen

- Please complete the form in full-

Your details (the person making the complaint)	
Name:	Geslacht: M ☐ / F ☐
Address	
Postcode and town/city	
Phone number	
Email address	

Patient details (this can also be the patient's representative or next of kin)	
Name of the patient	
Date of birth of the patient	
Relationship between the complainant and the patient (e.g. parent/spouse):	

Omschrijving van uw klacht	
Date of the incident:	Time:

Please describe below why you are not satisfied. To help you, you may use the following questions:

- When did the situation you are complaining about take place?
- What happened?
- Were other people involved?
- Is this a complaint about yourself, or are you complaining on behalf of someone else?
- Have you already discussed your complaint with anyone?
-

Description of the complaint:

The GP practice is affiliated with the [SKGE disputes committee](#). More information can be found on our website:: www.hpwindhausen.nl