

Bonaire Medisch Centrum
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Complaint Form

Please fill in completely

Your Details (the person submitting the complaint)

Name: _____ M/F
Adress: _____
Phonenumber: _____

Patient details (this can be someone other than the submitter)

Patient name: _____
Date of birth from patient: _____
Relationship between submitter and patient (e.g. parent, wife): _____

Nature of the complaint

Date event: _____ Time: _____

The complaint is about (several choices possible)

- Employee's medical actions
- Treatment bij employee
(= the way the employee talks or interacts with you)
- Organization GP practice
(= the way in which various matters are arranged in practice)
- Accessibility of the practice
- Administrative handling
- Something else

Description of the complaint:

You can send the completed form or drop it off at the practice.
We will then contact you by telephone or in writing

Date of submission: _____