



Huisartsenpraktijk
Bos en Lommer

Klachten- en suggestieformulier Complaints and Suggestions Form

Naam (Name): _____

Straat (Street): _____

Postcode en Stad
(Postcode and City): _____

Geboortedatum
(Date of Birth): _____

Telefoonnummer
(Phone Number): _____

Kunt u uw klacht of suggestie beschrijven? (Can you please describe your complaint or suggestion?)

Wanneer is dit gebeurd? (When did this happen?) _____

Wie van ons team was hierbij betrokken? (Who from our team was involved?) _____

Wat wilt u dat wij met uw klacht of suggestie doen? (Please describe what you would like to see happen as a result of this complaint or suggestion)

Wilt u dat wij contact met u opnemen?
(Do you want us to contact you?)

Ja (Yes) Nee (No)

Met wie wilt u contact hebben? (Who would you like to contact you?)

your General Practitioner andere (other): _____

Hoe kunnen we u bereiken? (How can we reach you?) _____