

**Patient**

Surname -----  
First Names -----  
Date of birth -----  
Address -----  
Postal code/Place of residence -----  
Telephone number -----  
Treated since -----

**Patient's representative (if applicable)**

Surname -----  
First Names -----  
Date of birth -----  
Address -----  
Postal code/Place of residence -----  
Telephone number -----  
Relationship with patient      Family / friend / acquaintance / other, namely: -----

**Does is concern an idea, compliment or complaint?**

- I would like to submit an idea.
- I would like give a compliment.
- I would like to submit a complaint.

**Short description**

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**To which person of persons does your compliment or complaint pertain?**

1.      Name                      -----  
            Function                      -----
  
2.      Name                      -----  
            Function                      -----

**Do you object to your complaint being handled in Dutch?**

Thank you for your complaint, compliment or idea!

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**The remainder of this form is about the complaint handling:**

*Has the complaint been discussed with the assistance worker(s)/employee(s) in question?*

*Yes / no*

*The operations director will carefully handle your complaint. It may be necessary to examine the data regarding your treatment. We need your permission for this.*

*Patient / legal representative gives permission to i-psy to inspect the treatment data:*

*Patient's signature:*

*Date:*

\_\_\_\_\_

\_\_\_\_\_

*You will be informed of the course of the handling of the complaint. In case of a complaint, a complaints procedure applies. This procedure can be obtained from the reception desks of our locations. You can also find the procedure on our website ([www.i-psy.nl](http://www.i-psy.nl)).*

**Submitting or sending the form**

*You can hand over this form (completed and signed) in a sealed envelope to the i-psy reception desk or send it to the operations director of your location (please write "t.a.v. directeur bedrijfsvoering/klacht" on the envelope).*

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**Please leave this space blank**, it is meant for the operations director.

*Date of receipt:* \_\_\_\_\_

*Patient code:* \_\_\_\_\_