

(filled in by the Patients' Advisory Committee)

Complaint about health care services

In order for the Patients' Advisory Committee (Patientnämnden) administration to be able to investigate your case in the best way, the following information is needed. You can use any language. A relative can also fill in the form and it can be done by hand or digitally. You can also find it on www.patientnamndenstockholm.se, but due to confidentiality, we would like you to print the form and send it by normal mail (not e-mail) to us. Do not forget to sign the form.

A Power of Attorney is required if you are representing someone else. Since the Patients' Advisory Committee does not undertake medical assessments, you do not need to attach any medical records.

**Make
your complaint
about health care
services at 1177.se!**

Sign in with e-identification. Go to "Regionen rekommenderar" and "Lämna synpunkter och klagomål hos Patientnämnden".

Information about the patient

Given names	Surname
Swedish personal identity number, or date of birth	E-mail address
Street address	Zipcode and city
Phone number day time 1	Phone number day time 2

Health care provider

Please use separate forms for separate health care providers

Please name the health care provider the complaint concerns.

When did the incident you want to report happen?

Year/month/day

Signature

Patient's/guardian's signature or agent's/trustee's signature (please attach a Power of Attorney/district court decision).

Printed name

Date

To offer the best possible service and help improve quality and patient safety in healthcare and dentistry, we need to process the personal data that you submit in this form. You are welcome to contact us if you wish to find out more about which personal data the Patients' Advisory Committee has registered about you. Anonymous data from your complaint is used for statistics that we compile for care providers, local authorities and other parties to improve the quality and safety of healthcare.

Send the form to:

Patientnämndens förvaltning
Box 30198
104 25 Stockholm

Phone 08-123 467 00
E-mail registrator.pan@regionstockholm.se
www.regionstockholm.se/patientnamnden

Please turn page

What happened?

- Describe in short the reason for your complaints and what you would have preferred instead.
- If you have any questions to the health care provider concerning your complaint, please list them here.
- If you have any suggestions or innovations that may help other patients that you want to share with the health care provider, please list them here.

Thank you for contacting the
Patients' Advisory Committee
in Stockholm!



Your opinions and complaints are valuable since they
may contribute to better patient care and safety.

What happens now?

- An administrative officer of the committee will be assigned to handle your case and you will get all information about the committee, its mission and how it operates. You will also receive information about other authorities you can turn to.
- With your permission, we will write to the health care provider. We will attach a copy of your letter with your personal data and request a response to your comments or complaints. This means the health care provider will read your text.
- The health care provider will now have an opportunity to respond to your comments, to explain, and to sort out what happened.
- When we have received an answer, we will send it to you. If you contacted us via 1177.se you will find the answer there. It usually takes a few weeks.
- We hope that you get answers or explanations that you accept. Sometimes though, the dialogue with the health care provider will be continued. It ends when it is no longer necessary, or possible, to pursue it further.

What to keep in mind when writing to the Patients' Advisory Committee

You can use our form "Complaint about health care services" or visit 1177.se and register your complaint there. You sign in with the help of an e-identification and go to "Regionen rekommenderar" and "Lämna synpunkter och klagomål hos Patientnämnden". However, you need to be registered in Region Stockholm to do this.

- Describe your complaint in short, stick to facts.
- You will need a Power of Attorney if you report someone else's complaint.
- Formulate your questions, preferably in short.
- Indicate when the incident happened, a date is preferable.
- Describe the consequences for you.
- Describe what you would have wanted from the health care provider.
- If you have any suggestions or innovations that may help other patients that you want to share with the health care provider, please list them in the form.
- Please use separate forms if you have complaints on several health care providers.
- If you use the paper form, don't forget to sign it.

What does the Patients' Advisory Committee do?

- We are an impartial link between the health care providers and the patients.
- Our goal is to assist and support patients and their relatives in their dealings with health care providers. Problems dealt with may include reception, treatment, availability, and financial or administrative questions.
- We do not undertake medical assessments, nor are we able, or indeed allowed, to judge whether the health care provider has acted in a medically correct way or not. Nor are we able to demand that the health care provider makes adjustments based on your claim.
- We notify the IVO (Inspektionen för Vård och Omsorg, Health and Social Care Inspectorate) of conditions that are subject to its regulatory oversight.
- By turning to us, you help highlighting shortcomings and deficiencies in the health care system. All comments that reach us are valuable, since they may contribute to better patient care and safety.

Patientnämndens förvaltning i Stockholm

Phone 08-123 467 00

E-mail registrator.pan@regionstockholm.se

Postal address Box 30198, 104 25 Stockholm

www.regionstockholm.se/patientnamnden



Region Stockholm

PATIENTNÄMNDENS FÖRVALTNING