

(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 health care providers, local authorities and other parties to improve the quality and safety of healthcare.

Send the form to:
Patientnämndens förvaltning
Box 17535
118 91 Stockholm

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

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.

Form area with horizontal dotted lines for writing.

Please use a spare sheet of paper if there isn't space enough and attach it to the form.