

Title: Complaints

Code: K(P.R)F1/7-92/0

Date:

Dedicated code:

Attachment:

Name and Last Name:		Name of Father:		ID No:	
Year of Birth:					
Complained department / unit or person:					
Subject of complaint:					
Description of complaint:					
Attached documents: Please write the type and number of documents.					
Address:					
Phone or Mobile Phone:					
Complainant's signature or fingerprint:					
Theory and actions taken by the expert:			This section is completed by a hospital expert		
Theory and actions of the hospital manager:					
Date of reply to the complainant or other relevant authorities:					