

## Complaint form

We want to provide good and safe care. Still, something can go wrong, or you may be unhappy about something. We would like to hear about it. Your complaint helps us improve our care.

You can also first discuss your complaint in person with the care provider involved or with reception. If that does not work, or if you would rather put your complaint in writing, please use this form. You can hand it in at reception, put it in our letterbox or send it by post.

**Your complaint will not affect the care you receive from us.**

### 1 Your details

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like us to contact you?

☐ phone ☐ email ☐ letter ☐ meeting at the practice

### 2 Are you making this complaint on behalf of someone else?

☐ No, the complaint is about me.

☐ Yes, the complaint is about:

Patient's full name: \_\_\_\_\_

Patient's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Your relationship to the patient:

☐ parent or guardian (patient under 18)

☐ representative

☐ person of trust

☐ partner or relative of a deceased patient

☐ other: \_\_\_\_\_

If the patient is able to decide for themselves, we also ask for their signature:

Patient's signature

### 3 What is your complaint about?

Date (or period) of what happened: \_\_\_\_\_

Who or what is your complaint about? (more than one answer possible)

- ☐ a doctor
- ☐ a nurse
- ☐ another care provider in the team
- ☐ reception or the telephone
- ☐ an appointment or waiting time
- ☐ registration with the medical house or the registration fee
- ☐ privacy or your medical record
- ☐ the building, the waiting room or accessibility
- ☐ something else: \_\_\_\_\_

Name of the person involved (if you know it): \_\_\_\_\_

### 4 What happened?

Describe as clearly as possible what happened. Who was there? What was said or done?

---

---

---

---

---

---

---

---

---

---

**5 What were the consequences for you?**

---

---

---

---

---

---

**6 Have you already talked about this with someone at the practice?**

☐ No

☐ Yes, with: \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What was the outcome of that conversation?

---

---

---

**7 What do you expect from us?**

(more than one answer possible)

☐ a conversation

☐ an explanation of what happened

☐ an apology

☐ a change, so that it does not happen again

☐ a different care provider within the practice

☐ I only want you to know

☐ something else: \_\_\_\_\_

**8 Signature**

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature

---

## What happens with your complaint?

---

1. Within 5 working days you will receive confirmation that we have received your complaint, with the name of the person handling it.
2. We look at your complaint together with the staff member(s) involved. If needed, we will invite you for a conversation.
3. You will receive a reply within 30 days. If that is not possible, we will tell you why and when you can expect a reply.
4. We discuss complaints (without your name) within our team, to improve the way we work.

## Your privacy

---

We use your details only to handle your complaint. Only the staff handling your complaint can see your details. We do not keep the form longer than necessary.

## Not satisfied with how we handled your complaint?

---

You can contact:

### **Federal Ombudsman Service for Patient Rights**

This service mediates in complaints about care providers outside hospitals, such as a GP.

Galileelaan 5 bus 2, 1210 Brussels

Dutch-speaking service: 02 524 85 20, [bemiddeling-patientenrechten@health.fgov.be](mailto:bemiddeling-patientenrechten@health.fgov.be)

French-speaking service: 02 524 85 21, [mediation-droitsdupatient@health.fgov.be](mailto:mediation-droitsdupatient@health.fgov.be)

### **Provincial Council of the Order of Physicians (province of Antwerp)**

For complaints about a doctor's professional conduct.

### **Your health insurance fund (ziekenfonds)**

For questions about your registration with the medical house or about costs.