Patients' feedback form
(suggestions, criticisms, complaints form)

Tracking code ☐ date:

If you would like, fill out the form: *Name:* *Family name:* *Education level:* *Occupation:* *Telephone number:* *Address:* Complaint type: in person ☐ written ☐	***Applicant/ complainant***
Unit title/ intended person: ***Date and time:*** Description of suggestion / criticism / complaint .... Registrar signature	This section is completed by the individual
.... *Name of the reviewer:* *Date and time:*	***The result of review***