

## 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](http://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 letter 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.

### 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 facility

Please name the health care facility/facilities the complaint concerns
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### Signature

Patient's/guardian's signature or agent's/trustee's signature (please attach a letter 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. The information may be passed on to the care provider for their comment. 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. You may, if necessary, also request to correct this data. 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 17535**  
**118 91 Stockholm**

