

USER RECORDING OF EXPRESSION FORM

Article R. 1112-91. Public health code- Every user of a health establishment must be able to express his grievances with the persons in charge of the services (departments) of the establishment.

Identification of the plaintiff

Name ----- (wife's name)----- Surnames-----

Address: -----

Zip code----- Country-----

Profession : -----

Phone number (s). Home: ----- Cellular: -----

E-mail : -----

Date of birth : -----/-----/-----
Day month year

Mode and type of the reception

Filing of a complaint Complaint

Date of filing: -----/-----/-----

Complaint In writing (letter) On the spot

By e-mail By fax

Identification of the service (department)

Patient file number ----- Service -----

Room Number -----

Person (s) concerned (s)

Practitioner Nurse (era) Nurse's aide ASH

Secretary Technician (s) Medical technique

Civil servant The Management Manager Health Executive

Motive of the complaint

You are filing this complaint as

- Victim
 Witness
 Close to the Victim
 Legal representative of the victim

What is the object of your complaint?

Pursued purpose

Date of the facts (of the event) -----/-----/-----

Moment of the facts: In the morning Noon Evening

The hour of the facts (if possible) -----

According to the law, the information collected (taken in) within the framework of the treatment (processing) of the complaint will serve only for examination of this one and all the measures will be taken to protect the confidentiality of it.

Made in -----, the-----

Signature of the plaintiff