

COMPLAINT FORM REPORT OF INADEQUATE SERVICES

saniRad srl

to the kind attention of **MEDICAL DIRECTOR**
to the kind attention of **GENERAL DIRECTOR**

J.F. Kennedy street, 3
33019 Tricesimo (UD)

Give the importance of a correct comprehension of the present document we kindly ask you to fulfil all the fields with clear writing.

Person concerned

Surname _____ Name _____

Address – Street/Place _____

Municipality Place Province CAP _____

Fix and mobile phone _____

e-mail _____

reports

for him/herself for Mr. / Mrs. (please fill the below fields)

Relationship with the person concerned

Husband/Wife Son/Daughter Parent Relative Other _____

Surname _____ Name _____

Address – Street/Place _____

Municipality Place Province CAP _____

Fix and mobile phone _____

e-mail _____

Recount the episode

Date _____ Time _____

In which the episode took place.

Follows on the back >>

Description of the facts

Your request to the Sanitary structure

Consent procedure

The undersigned, received the informative following brought to the senses of the art. 13 of the DLgs 196/03, declares to lend his/her own consent to the treatment of the personal and sensitive data related to the activated procedure.

The missed consent to the treatment of the data won't allow the Sanirad to conduct the investigation on the signalled facts and accordingly to give an answer to the applicant.

Date _____ Signature evident _____

Procedure of sending

Mail Deliver to the staff

Orange box reserved to the satisfaction survey and to the claim forms