



PATIENT ADVISORY BOARD DALARNA

Complaint regarding healthcare or dental care

Sida: 1(2)

Views or complaint via Patient Advisory Board Dalarna

This form can be used if you want the Patient board to provide support with your complaint regarding healthcare or dental care in Region Dalarna or in a municipality in Dalarna. Please send the completed form to **Patientnämnden Dalarna, Box 712, 791 29 Falun.**

1. Patient

First name and surname	Personal ID number (Personnummer)	Telephone number
Postal address	Postcode	City/town

.....
(Signature, city/town, date)

2. Informant other than the patient (familymember/relative/close friend)

First name and surname	Relationship to the patient	Telephone number
Postal address	Postcode	City/town

I hereby give power of attorney to above named person to represent me before the Patient Advisory Board's administration and to have access to all documents pertaining to my case.

.....
(Signature, city/town, date)

3. Relevant healthcare provider

Please specify which care facility your feedback/complaint concerns (clinic/department/ward, hospital, local healthcenter)	Date or time period
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4. Consent

Do you want the Patient Advisory Board to send your views or complaints to the relevant care provider with a request for an answer? Yes <input type="checkbox"/> No <input type="checkbox"/>

When you contact the Patient Advisory Board with views or complaints about your care and treatment, we will process your personal data, such as name, contact information and information about health care. We need this information to handle your case. The legal basis for the processing under the Data Protection Regulation (GDPR) is public interest or the fulfillment of a legal obligation. The data is stored for ever. More information about the processing of personal data in Region Dalarna can be found on the Region Dalarna website <https://www.regiondalarna.se/om-regionen/sakerhet/personuppgifter/>

5. What happened? What do you wish to provide feedback/complaint about?

Please briefly describe the incident to which your feedback relates and when it happened. Describe your views and complaints

6. Are there any questions that you would like the healthcare provider to answer?

Please write clear and concrete questions

7. If you have ideas or suggestions about how the incident could have been avoided, please share them here.

Suggestions for improvement in healthcare