



ST. EUSTATIUS
HEALTH CARE FOUNDATION

Queen Beatrix rd. #25
Oranjestad, St. Eustatius,
Dutch Caribbean
Tel: (599)318-2211/ (599)318- 2371

Complaint Form

This information is applicable for SEHCF:

Complaint nr: _____

Department: _____

Date received: _____

Response date: _____

Received by: _____

Discussed date: _____

Different ways to submit a complaint:

- Visit our website: www.sehcf.org and click the "Complaint & Suggestions Forms" button
- Email: complaints@sehcf.org
- Send by mail to: Queen Beatrix Medical Center, Attn of the Complaint Mediator, Address, H.M. Queen Beatrix rd. #25, Oranjestad, St. Eustatius, Dutch Caribbean

To process your complaint more effectively and efficiently, we need some practical information:

Patient Information or petitioner:

Patient

Petitioner

Family Name*

First Name(s)*

Date of Birth*

Gender

Female

Male

Home Address

Phone Number*

Email address*

** mandatory to fill in*

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Concerning complaint

From: Patient On behalf of _____

If the petitioner is other than the patient, if on behalf of, State Your:

Family Name* _____

First Name * _____

Phone number(s)* _____

Email address* _____

Relationship to Patient* _____

Date and time of incident:

Date: _____ Time: _____

Department involved:

- Emergency Care
- Outpatient Care
- Inpatient Care
- Home Care
- Administration
- Facility Department
- A specific staff member
- Other (please specify)

Complaint concerns:

- Approach
- Front Office/Information
- Waiting time
- Consultation
- Treatment
- Referral
- Nursing Care
- Other (please specify)



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Have you discussed your complaint with a staff member? No Yes

—
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If yes, with whom? _____

When? _____

What was the result _____

Authorization by the patient to review their medical file:

I hereby authorize the Complaint Officer and or complaint committee to review my medical file(s) and Nursing Care Plan:

No

Yes

Name: _____ Signature: _____

Note: For efficient handling of your complaint, we recommend that you grant permission to inspect and discuss your medical records.

Describe your complaint:
