

COMPLAINT FORM 投訴表格



Name of Complainant 投訴人姓名:

(Chinese 中文) _____ (Mr.先生 / Mrs.太太 / Ms.小姐) – please delete where inappropriate 刪去不適用者

(English 英文) _____ HKID No. 香港身份證號碼: _____

Telephone No. 電話號碼: _____ Email 電郵: _____

Correspondence Address 通訊地址: _____

Is the complainant the patient 投訴人是病人? Yes 是 No 否

If no, complainant's relationship with the patient 若否, 請填寫與病人的關係: _____

Name of Patient 病人姓名 (To be completed if the patient is not the complainant 如投訴非由病人提出, 請填寫此欄)

(Chinese 中文) _____ (Mr.先生 / Mrs.太太 / Ms.小姐) – please delete where inappropriate 刪去不適用者

(English 英文) _____ HKID No. 香港身份證號碼: _____

Telephone No. 電話號碼: _____ Email 電郵: _____

Correspondence Address 通訊地址: _____

Details of Complaint: (Please provide supporting details/documents)

投訴詳情: (請提供事件詳情 / 證明文件)

(Please use additional paper, if necessary 如有需要, 可另紙書寫)

Authorization:

For the purpose of dealing with complaint, the patient in this Complaint Form consents to

1. the Clinic using patient's personal data (including the patient's medical and dental information)
2. third parties releasing to the Clinic the patient's personal data (including the patient's medical and dental information)
3. If the patient complains through the complainant, the patient also consents to the transferring of personal data (including the patient's medical and dental information) to the complainant named in this form.

Signature of Complainant 投訴人簽署

Signature of Patient 病人簽署

Date 日期:

Date 日期: