

**You can send this form in an envelope to:**

Dr. Horacio E. Oduber Hospitaal  
Attn. Complaints Officer  
Dr. Horacio E. Oduber Boulevard # 1  
Oranjestad, Aruba  
E-mail: [kf@arubahospital.com](mailto:kf@arubahospital.com)  
Fax: (297) 587 0321



**Complaint Form**

*(to be completed by complaints officer)*

Number: \_\_\_\_\_

Code: \_\_\_\_\_

Department/unit: \_\_\_\_\_

The complaints officer will contact you within  
10 business days upon receipt.

*Data complainant:*

\*name: \_\_\_\_\_ \*zip code/place of residence: \_\_\_\_\_  
\*address: \_\_\_\_\_ \*telephone number/mobile: \_\_\_\_\_

*Data patient:*

\*name: \_\_\_\_\_ \*zip code/place of residence: \_\_\_\_\_  
\*address: \_\_\_\_\_ \*telefoonnummer/mobiel: \_\_\_\_\_  
\*date of birth: \_\_\_\_\_ \*patient number or AZV number: \_\_\_\_\_

*Signature:*

\*date: \_\_\_\_\_ \*signature complainant: \_\_\_\_\_

*Information complaint:*

When and where did the complaint arise?

date: \_\_\_\_\_

time: \_\_\_\_\_

place/department: \_\_\_\_\_

Who is the complaint about?

name person against whom the complaint is filed: \_\_\_\_\_

position person against whom the complaint is filed: \_\_\_\_\_

Description of the complaint:

**Complaint 1:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If necessary you can continue overleaf*

\*Mandatory fields.

**Complaint form**

*Continuation description of the complaint*

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**Complaint 2:**

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