



Complaint Form

This form is for you to make a complaint, in the strictest confidence, to the Complaint Officer.

The use of this form will help us to consider your complaint quickly.

If you have any questions on how to fill in this form please contact the Saba Health Care Foundation complaint Officer via: (+599) 416 3288 extension 233

Please fill in the form in blue or black ink, giving us as much detail as you can.

Details of your complaint

Please describe your complaint as fully as possible. Explain exactly what happened, where it happened and the dates when it happened. If there are more than one persons involved, please explain how each person was involved.

What is the complaint?:

Why are you deciding to bring a complaint?:

What do you hope to achieve by sending the complaint to us?:

Are you complaining about a staff member?

Name employee

Since when did you have this problem?

Any other comments? Please write them here:

Your details

Title (Mr, Mrs, Ms, etc)

Your full name

Who are you (for example: patient, patient's relative, patient's next of kin, patients solicitor, etc)

The patient's full name (if you are not the patient)

The patient's date of birth

Gender

If you are complaining on the patient's behalf you would need to have them put your name in the declaration below.

I agree for making this complaint on my behalf.

The patient's signature

Date

Your

address

Your daytime phone number

your mobile phone number

Your email address

We are unable to take your complaint any further than a suggestion if you do provide us with your name and contact info.

Checklist

Please make sure that you have:

- given us the full name of the employee(s) involved
- described your complaint as fully as possible
- given us your name and your contact details

When you have completed this form, please address it to:

SHCF Complaint Officer
Mrs. Hanneke Magee
A.M. Edwards Medical Center
The Bottom, SABA
Dutch Caribbean

Thank you for completing this form. We aim to contact you within five working days of receiving your complaint

This form needs to be delivered:

- via the therefore designed deposit boxes in the A.M. Edwards Medical Center
- at the office of the Complaint Officer in the Saba Health Care Administration Building
- via postal services
- via complaint.officer@sabahealthcare.org