## The ROTUNDA HOSPITAL Complaint Form

Submitted by: Patient □	Partner □	Relative □	Employee □
1. Applicant Details (Plo	ease use BLOCK L	ETTERS)	•••••
Surname:	Maiden Name:		First Name(s):
Current Address:	l		.1
Telephone Number(s)		Hospital Number	
2. Patient's Details (ON	LY if different from	n above. Please use	BLOCK LETTERS)
Surname:	Maiden N	Vame:	First Name(s):
Current Address:			1
Previous Address (at time of atte	ndance at Rotunda):		
Telephone Number(s)		Hospital Number	
3. Personal Information			
If you are making a complaint or photocopy of their photo ID is re			
4. Application			
I wish for my complaint to be de	alt with under the H	ospital's Complaints	Procedure
Signed:	]	Date:	

5.	Details of Complaint
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Please	note to help in processing your request this information will be stored in electronic format.

## The form can be <u>posted</u> to:

Complaints Section, Quality and Patient Safety Department,

The Rotunda Hospital, Parnell Square, Dublin 1.

Or emailed to: comments@rotunda.ie

For further information, please phone: 01 817 6848.