Valvira
National Supervisory Authority
for Welfare and Health

HEALTH CARE COMPLAINT FORM

Reporter details	Full name (If several persons are making the complaint jointly, give the name of the person to whom the decision is to be sent)	
	Mailing address (The decision in respect of the complaint and any questions regarding processing of the matter will be sent to this address)	
	Postal code	City/town and country
	Telephone number	
	E-mail address	
	Relationship to Patient	
Patient details	Full name	
	Social security number	
	Mailing address	
	Postal code	City/town and country

This complaint concerns **(Specify health care or medical care unit or individual service provider or professional)**	
Short description of reason for complaint **(Describe treatment, operation or such during which the suspected medical malpractice occurred)**	
Time or time span of the event	

Valvira
the National Supervisory Authority for Welfare and Health
PO Box 210
FI-00281 Helsinki, Finland
Mannerheimintie 103b, 00280 Helsinki
Koskenranta 3, 96100 Rovaniemi
Switchboard: +358 295 209 111
Fax number: +358 295 209 700
Record office kirjaamo@valvira.fi
Home page www.valvira.fi/en

Details of the event and reason for discontent. If necessary, please continue to a separate annex.	

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Have you consulted a patient ombudsman of the health care or medical care unit?	☐ Yes ☐ No

Have you submitted an objection to the health care or medical care unit concerning the case? (If so, append the objection and reply to it to the complaint)	☐ Yes ☐ No

If other authorities have been involved with the case specify which.	☐ the Consumer Disputes Board of Finland ○ Case pending ○ Closed ☐ the Patient Insurance Centre of Finland ○ Case pending ○ Closed ☐ the Regional State Administrative Agency of _____ (specify region) ○ Case pending ○ Closed ☐ social care authority _____ (specify authority) ○ Case pending ○ Closed ☐ police authority _____ (specify authority) ○ Case pending ○ Closed ☐ the parliamentary ombudsman of Finland ○ Case pending ○ Closed ☐ Chancellor of Justice ○ Case pending ○ Closed ☐ Data Protection Ombudsman ○ Case pending ○ Closed ☐ Other; specify _____

Signature

Your signature
Clarification of signature
Place and date

Appendices	

Sign and mail this form and appendices to:	Valvira, The National Supervisory Authority for Welfare and Health PO Box 210 FI-00281 Helsinki, Finland

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