



COMPLAINT FORM

Rožna Dolina Surgical Sanatorium Complaints Handling Rules, Article 11

First name and last name:

Date of birth:

Address (street, city, postcode, country):

Phone:

Time of stay or presence at the Rožna Dolina Surgical Sanatorium d.o.o.:

Department, clinic, other:

Exact description of the event or action(s):

If the complaint relates to a specific person – first name and last name of this person:

Your proposal of how the grievance(s) should be settled:

Signature of the complainant:

Date:

Please send the complaint marked as "COMPLAINT – DO NOT OPEN" to:

Rožna Dolina Surgical Sanatorium d.o.o.

Rožna dolina cesta IV/45

1000 Ljubljana

The complaint can also be submitted personally to the Surgical Sanatorium Managing Board.