Nederlandse Obesitas Kliniek (Dutch Obesity Clinic) complaints form

**Date**: ………………………………

**Treatment location:** ………………………………

**Personal details** (fields marked with an asterisk (\*) must be completed)

Name and initials\* ………………………………………………………………………………………………………… m / f / x

Date of birth …………………………………………………………………………………………………………

Telephone\* …………………………………………………………………………………………………………

E-mail address\* …………………………………………………………………………………………………………

**Complaint**

Please describe your complaint below. List any names and/or dates of parties involved, if possible.

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Please send the completed form to: [nok@obesitaskliniek.nl](mailto:nok@obesitaskliniek.nl)

Our complaints procedure is published on our website: [www.obesitaskliniek.nl](http://www.obesitaskliniek.nl)