Nederlandse Obesitas Kliniek 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

Our complaints procedure is published on our website: www.obesitaskliniek.nl