

You can either drop of this form or submit it by post to the following address:

Amsterdam UMC location AMC: afdeling Patiëntenservice Zorgsupport, A0-404
 location VUmc: afdeling Patientenservice Zorgsupport, PK 0 hal 08
Post: Amsterdam UMC, t.a.v. klachtenfunctionaris/complaintsofficer
 Postbus 22660
 1100 DD Amsterdam
E-mail: klachten@amsterdamumc.nl

Describe your complaint/suggestion - continue:

Registration by Patient Information Department

Received by: _____ Date: _____