



Ali Asghar Children's  
Super specialized  
Medical Training Center

## Form for Registering Satisfaction, Complaints, Suggestions and Criticisms of Clients



Iran University of Medical  
Sciences and Health  
Services

|                                 |  |                      |
|---------------------------------|--|----------------------|
| Patient's name and family name: | Date of birth:                         | Diagnosis:           |
| Administration date:            | The name of the completer of the form: | towards the patient: |
| Country:                        | Education:                             | Phone number:        |

Address in Iran:

Description of the case (Please Pay Attention to The Following When Completing the Complaint in This Section: What Happened or What Happened? When and Where? Who Was Involved?)

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Suggestions:

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This part should be completed by the person responsible for handling complaints

Complained department/unit: \_\_\_\_\_

The person being sued: \_\_\_\_\_

- The subject of the complaint:
- Welfare facilities, nutrition, cleaning
  - Expect too much
  - Amount of cost
  - Lack of access to a doctor or nurse
  - Providing insufficient or ambiguous information
  - Inappropriate treatment
  - Dissatisfaction with the medical services provided
  - Lack of adequate or timely pain control
  - There is no empty bed
  - Cancellation or delay in surgery, radiology

Is the subject of the complaint related to the deceased patient?     yes     no

First and last name of the person in charge:

- Result:  The complaint was valid  
 The complaint was not valid

Date of complaint:

Archive date:

complaint code: