**TAGASISIDE JA KAEBUSTE VORM**

**Juhtumi toimumise** kuupäev: \_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**Juhtumi toimumise koht** *(Tapa üksus, Nõmme üksus, Kohtla-Järve üksus):* ..........................................................................................................................................

**Juhtumi kirjeldus.** *Palun sõnastada võimalikult täpselt ja üksikasjalikult, mis juhtus*

*(nimed, kellaajad jne)*

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**Soovin kirjalikku vastust: JAH EI**

**Patsiendi / kliendi andmed (kaebuse puhul):** …………………………………………………

/ees- ja perekonnanimi/

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/isikukood/

**Avaldaja ees- ja perekonnanimi**

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**Aadress,** millele oodatakse vastust *(tänav, linn/asula, maakond, indeks):*

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**Telefon:**................................................... **e-mail:**............................................................

**Allkiri: Avalduse vormistamise kuupäev:**