

Do you have a complaint regarding healthcare? Your feedback & complaints can help improve the healthcare system.

The Patient Advisory Board can provide you with support

If you don't wish to speak directly to the healthcare institution where you or your family member/relative/close friend received care, you're welcome to contact the Patient Advisory Board instead. The Patient Advisory Board are impartial authorities that operate in each of Sweden's administrative regions. As either a patient or a family member/relative/close friend of someone who received healthcare, the Patient Advisory Board can help you submit complaints to healthcare providers and make sure that you receive a response.

The Patient Advisory Board does not investigate complaints, but acts as an intermediary between patient and healthcare provider. You can contact the Patient Advisory Board by filling in either this form or the online form offered through 1177 Vårdguiden's e-services on the website www.1177.se. You can submit your feedback anonymously by filling in the form without entering your contact details.

What happens after I contact the Patient Advisory Board?

Your complaint will be registered and will form the basis for the Patient Advisory Board. If the committee writes to the relevant healthcare provider with your consent, the provider is expected to investigate your complaint and provide you with a response within four weeks. Ordinarily, the provider will contact you directly with their response, although occasionally their reply will be forwarded to you via the Patient Advisory Board. Depending on its scope, the healthcare provider's handling of your complaint may take a longer time. The healthcare provider will inform you if their processing of your complaint should take longer than four weeks. The Patient Advisory Board will often receive a copy of your healthcare provider's response and, together with you, will assess whether or not you have received comprehensible and appropriate feedback.

Information about public documents

Documents submitted to Region Västra Götaland become public documents. Matters handled by the Patient Advisory Board are to be treated confidentially in accordance with the Swedish law *Lagen om stöd vid klagomål mot hälso- och sjukvården*. Information contained in public documents may be kept confidential for a maximum of 70 years. Personal data are processed in accordance with the EU's General Data Protection Regulation (GDPR).

Please send your form to:

Patientnämndernas kansli
Regionens hus
405 44 Göteborg

Patient

First name & surname	Personal ID No. (<i>personnummer</i>)
Postal address	Postcode & city/town
E-mail address	Telephone no.

Family member/relative/close friend

To be completed only if you are submitting feedback or a complaint on behalf of a patient. If the patient is of lawful age, a power of attorney must be filled in and submitted together with this form. You can download a power of attorney document online at [power of attorney](#)

Relationship to the patient	
First name & surname	Personal ID No. (<i>personnummer</i>)
Postal address	Postcode & city/town
E-mail address	Telephone no.

Consent

Do you consent to your personal data, feedback and questions being shared with the relevant healthcare institutions in connection with requesting their response? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you contacted the healthcare provider to share your feedback? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you contacted the Patient Advisory Board about your views concerning this matter within the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	How would you prefer to be contacted by the Patient Advisory Board? <input type="checkbox"/> E-mail <input type="checkbox"/> Telephone <input type="checkbox"/> Letter
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Signature

Patient's or legal guardian's signature. Alternatively, a family member's or relative's/custodian's (<i>god man</i>) signature (power of attorney must be attached), or a trustee's (<i>förvaltare</i>) signature (a district court decision must be attached).		
Date	Name in print	Signature

1. The healthcare institution involved

Please specify which clinic, local healthcare centre, hospital, hospital department or ward your feedback/complaint concerns.	City/town

2. What happened?

Please briefly describe the incident to which your feedback or complaint relates. When did it happen? What consequences has it had for you or your family member/relative/close friend?

3. What do you wish to provide feedback/complain about?

Please use bulleted lists where possible.

4. Are there any questions that you would like the healthcare institution to answer?

5. If you have ideas or suggestions about how the incident could have been avoided, please share them here.