Complaint Form
投訴表格

Patient's Particulars 病人資料

Chinese 中文 _____ (Mr先生/ Mrs太太/ Ms女士/ Miss小姐)*

English 英文 _____ Record No.檔案號碼 _____

Contact No. 聯絡電話 _____ HKID No. 香港身份証號碼 _____

Correspondence Address 通訊地址 _____

Complainant's Particulars 投訴人資料 (if the complainant is not the patient 如投訴人並非病人)

Chinese 中文 _____ (Mr先生/ Mrs太太/ Ms女士/ Miss小姐)*

English 英文 _____ Contact No. 聯絡電話 _____

Correspondence Address (if different from the patient) 通訊地址（如與病人不同）
_____

Relation with the Patient 與病人之關係 _____

If the patient is aged 18 or below, the complainant must be either the parent or guardian of the patient, and provide one of the following documents to support his/ her relationship with the patient:

若病人為十八歲或以下人士，投訴人必須是該病人之父母或合法監護人，並須提供以下其中一項文件以証明與病人之關係：

☐ Birth Certificate of the Patient 病人出生證明書
☐ Legal Custody Paper 法定管養權證明書
☐ Other legal document 其他具法律效力的文件_____(*please specify 請註明*)

Details of Complaint 投訴詳情

_____
_____
_____
_____

(Please use additional paper if necessary 如有需要，可另紙書寫)

Authorisation 授權

1. For the purpose of handling this complaint, the patient, or the parent or guardian of the patient, gives consents to
   為處理此項投訴，病人或其父母或合法監護人同意：

(a) The Prince Philip Dental Hospital (the Hospital) to investigate into the above complaint, with the understanding that all personal data, including the patient's dental and medical information will be used and accessed by the Hospital and/ or the Faculty of Dentistry of the University of Hong Kong for investigation and record purposes which are directly related to this complaint;
   菲臘牙科醫院 (醫院) 處理上述投訴，而所有個人資料 (包括病人的牙科及醫療記錄) 會為醫院及/或香港大學牙醫學院作是次個案調查及記錄之用；及

(b) third parties to release to the Hospital the patient's personal data, including the patient's dental and medical information.
   第三者向醫院透露病人的個人資料 (包括病人的牙科及醫療記錄)。

2. If the patient complains through a complainant, the patient also consents to the Hospital to transfer his/her personal data, including the patient's dental and medical information, to the complainant named in this Form.
   如病人經由投訴人提出此項投訴，則病人亦同意醫院向本表格內列明的投訴人透露病人的個人資料 (包括病人的牙科及醫療記錄)。

Note: With reference to the Hospital's established complaint handling procedures, complaints lodged for the first time would be investigated and replied by the Hospital Administration first.
備註: 按照醫院既定的投訴處理程序，首次投訴會先由醫院行政部負責調查及回覆投訴人。

_____   _____
Signature of Patient/ Parent or Guardian of   Signature of Complainant
Patient (*if applicable*)   投訴人簽署
病人或父母或合法監護人簽署(*如適用*)

Date 日期 _____   Date 日期 _____

* Please delete as appropriate 請刪去不適用者

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