



DENA
HOSPITAL
بيمارستان دنا

Feedback Form for
complaints, criticisms and suggestions

F-QM-023 R00

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ISO9001:2008

In order to follow the procedures, inserting the necessary information is mandatory.

Necessary

First name &last name of the client:

Date :

Contract phone number:

Intended section:

Intended person:

Time, Date and work shift:

Explain your complaint, suggestion or criticism: