

## Registration of complaint about healthcare

**Find out more at [www.ivo.se](http://www.ivo.se) or contact IVO's information service on tel. +46 (0)10-788 50 00.**

In the first instance, the facility that looked after you must respond to your complaint.

You must in the first instance contact those who looked after you with your complaint.

[The Patient Advisory Committee](#) can help you to forward your complaint to the facility. If for some reason you do not receive an answer from those who looked after you, or if you have not received a satisfactory answer, you can forward your complaint to the Health and Social Care Inspectorate (IVO).

### IVO investigates certain complaints

When a report of a complaint arrives at IVO, we perform an assessment of whether or not we should investigate. The Patient Safety Act governs what the IVO should investigate.

Among other things, we investigate incidents that have resulted in the patient sustaining a permanent injury, having a significantly increased need for healthcare or dying. IVO also investigates complaints relating to compulsory care and incidents that have seriously and negatively affected integrity, self-determination or legal status.

You are notified of how IVO will proceed with your reported complaint within 20 working days.

### IVO can forward the complaint

If the facility has not been able to answer your complaint first, IVO can choose to forward the complaint to the facility or to the Patient Advisory Committee. If this is the case, IVO's decision will inform you of this.

### Submit complaint to IVO

Use this form if you want to submit a complaint about healthcare or dental care. This might, for example, relate to treatment of or investigation into diseases or injuries at a hospital, healthcare centre or home for the elderly.

You do not need to attach patient records or other documents to this form. IVO obtains additional information if we consider it necessary.

### Your complaint has limited confidentiality

The complaint you have submitted becomes a public document at IVO. This means that all the information in your complaint may be disclosed to the media and the general public in accordance with the principle of openness.

### Processing of personal data

IVO obtains personal data in order to be able to process your complaint. The processing of personal data is necessary in order that IVO is able to perform its undertaking.

The facilities and the healthcare and social care staff concerned can also access the personal data.

When IVO has made a decision about your reported complaint, we archive the case and your personal data.

Contact IVO if you want an excerpt from the registry and to see your personal data in our system. If there are any errors, you have the right to request that IVO correct or delete the data. If you are not satisfied with our processing of personal data, you can complain to the supervisory authority, the Swedish Data Protection Authority.

### Send the form to

Inspektionen för vård och omsorg  
Avdelning Öst  
Box 6202  
102 34 Stockholm



## 1. Contact with the facility responsible or the Patient Advisory Committee

**1A. Have you been in contact with the facility responsible or the Patient Advisory Committee about this complaint?**

- Yes, with the facility                       Yes, with the facility and the Patient Advisory Committee  
 Yes, with the Patient Advisory Committee                       No

If **“yes”**, you have been in contact with the facility responsible or the Patient Advisory Committee about the complaint

**1B. About when did you have contact with the facility responsible of the Patient Advisory Committee about your complaint?**

DD/MM/YYYY

**1C. Has the facility responded to the complaint?**

- Yes  
 No

If **“no”**, you have not been in contact with the facility responsible or the Patient Advisory Committee about the complaint

**1D. Why have you not been in contact with the facility or the Patient Advisory Committee about your complaint?** Give a brief description.

## 2. The person registering the complaint

**2A. Who is the person registering the complaint?**

- I am the patient in the incident to which the complaint relates  
 I am a friend/relative of the patient to which the complaint relates  
 Other person:

**2B. The patient’s personal and contact details**

Forename

Surname

Personal ID number (YYYYMMDD-NNNN)

Address

Postal code

Postal locality

Email address

Phone number



## 4. Description of the event

### 4A. Give a brief description of the incident about which you want to complain

- What happened?
- In the sequence of events, what do you want to complain about?
- How were you/the patient harmed as a consequence of the incident? Describe the consequences of the incident for you/the patient.

### 4B. Feel free to describe your thoughts about how what occurred might have been prevented.

## 5. Your signature and date

Signature in your own hand and date