Ministry of Health Complaint Management System

Complaint Withdrawal Form

Ι					wish t	o withdraw/disc	continue i	nvestigation
into	complaint	case	subn	nitted	on			_ agains
				Hospit	al/Health	Centre/Health	Service	regarding
conce	erns surround	ing my	treatm	ent or	interactio	n/the treatment	or intera	ction of my
relative/friend					while admitted/visiting.			
Comr	nents:							
Complainants Name					Witness Name			
Signa	111140					Signature		
oigiid	ituit					Signature		
Date	<u> </u>					Date		