

Complaint

You can file a complaint if you are dissatisfied with the service, care or treatment you have received in social welfare or healthcare. Both social welfare and healthcare must provide a written response to the complaint within a reasonable amount of time after the submittal of the complaint.

Fields marked with an asterisk (*) are mandatory.

1. Person submitting the complaint

First names*	
Last name*	Personal identity code*
Telephone number	Email address
Street address	
Postal code	City/Town

2. Please select the request type*

☐ Complaint concerning my personal affairs ☐ Complaint on behalf of another person (power of attorney to be attached)
--

3. If you are submitting a complaint on behalf of another person, add the details of the person concerned here

Full name	Personal identity code
-----------	------------------------

4. Specification of the complaint

Social welfare complaint. Act on the Status and Rights of Social Welfare Clients (2000/812, Section 23) Healthcare complaint. Act on the Status and Rights of Patients (1992/785, Section 10)
--

5. Reason for the social welfare complaint

Service availability	Contacting personnel	Decision
Handling time	Access to information	Inappropriate treatment/behaviour
Right of self-determination	Confidentiality provision	Other, specify:

6. Reason for the healthcare complaint

Access to treatment	Inappropriate treatment	Handling of medical records
Treatment implementation	Other, please specify:	

7. Complaint object

Service location*				Date of the incident*	
Select the municipality where you use services*					
Espoo		Ingå		Kauniainen	
Lohja		Siuntio			
Hanko		Karkkila		Kirkkonummi	
Raseborg		Vihti			
Who/what the complaint concerns (e.g. name and position)*					
Description of the incident (if necessary, on a separate attachment)*					
Subject of the complaint (What does the complaint regard? If necessary, on a separate attachment)*					
You can submit any suggestions you may have on how to fix the issue					

8. Other

I give my consent to the healthcare authorities, social welfare authorities or other health service providers to provide the information regarding my client relationship that is necessary for the resolution of this complaint, notwithstanding the provisions on document secrecy and obligation of confidentiality.*

I also give my consent to submitting the complaint documents and the response for information to the Social and Patient Ombudsman.*

9. Attachments (leave blank if there are no attachments)

The complaint includes the following attachments or additional clarifications

10. I wish to receive the response to my complaint in the following manner*

By post

By secure email to the provided email address

Instructions

You can deliver your complaint to the Western Uusimaa Wellbeing Services County Registry Office either by post or by using the Turvaposti secure email system.

Delivery of the form by post:

Postal address of the Registry Office:

Registry Office, P.O. Box 33, 02033 Western Uusimaa Wellbeing Services County

Delivery of the form by using the Turvaposti secure email system:

Instructions for using Turvaposti can be found on this website:

<https://www.luvn.fi/en/our-client/customer-service/turvaposti-secure-email-system>