



**Health Authority – Abu Dhabi
Customer Services Center**

COMPLAINT FORM

Instructions

These instructions will help you filling in each section of the complaint form. Please print or type in your answers. Make sure you sign the form and mail it to the address shown in Section 5.

1. Your name, email address, telephone number,

Print or type your name, email address and phone number.

2. Name of Insurance Company/providers/ professional/other your complaint concerns.

Print the name of the concerned that is the subject of your complaint.

3. What is your complaint?

A. What kind of problem are you having?

B. State the facts of your complaint. Try to be “to the point” when describing your complaint. Include any specific dates, times or places that are important to understanding your complaint.

4. You must sign your complaint.

In Section five (5) of the complaint form, you **must** print or type your name in the space provided in the verification paragraph and you **must** sign and date your complaint form on the lines in this Section. If you do not sign the complaint form the CSC will not accept it.

Keep a copy of your complaint for your records.

PART I: to be completed by the complainant

1. CUSTOMER CONTACT INFORMATION

Name _____
Street/P.O. Box _____ Apt # _____
City: _____
Email _____
Area Code/HOME Phone _____
Area Code/WORK Phone _____
Health Insurance/ Health Card Num: _____

2. TYPE OF COMPLAINT related to and Name if any (check one)

- | | |
|---|--|
| <input type="checkbox"/> General Concern/info' | <input type="checkbox"/> Health Insurance related |
| <input type="checkbox"/> Against Medical/Administrative Staff | <input type="checkbox"/> Against Healthcare Provider |
| <input type="checkbox"/> Against HAAD employee/section | <input type="checkbox"/> Other _____ |

Name of concerned facility/party/employee: _____

3. COMPLAINT

A. What is your complaint?

B. State the facts of your complaint.

Include any specific dates, times or places that are important, list down any relevant documents you believe will support your complaint.

4. RELIEF

What do you want the Customer Services Center (HAAD) to do about your complaint?

5. VERIFICATION AND SIGNATURE

You must print or type your name below on the line provided for the verification paragraph, and you must sign and date (in ink) this form on the lines provided.

Verification:

I _____, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing held in this matter

(Signature)

(Date)

Please, use the following contact information to report this complaint form to our Customer Services Center through the following:

1. Fax : +971 2 4491011
2. Email : healthcenter@haad.ae
3. Submit to CSC : HAAD Headquarter, Abu Dhabi, Airport Road
4. Contact CSC : Toll Free 800800

N.B.: Use additional paper if you need more space.

PART II: Reserved to CSC

6. Customer Services Center

Representative Name _____

Reception Date and Time _____

Resolved and complainant is contacted: **Yes** Date & Time: _____

If NO: Forwarded to Supervisor, Date and Time: _____

7. Supervisor:

Reception Date and Time _____

Resolved and complainant is contacted: **Yes** Date & Time: _____

If NO: Forwarded to Concerned Department Date and Time: _____

8. Concerned Department:

Reception Date and Time _____

Solution:

1. Solution forwarded from Department to CSC Supervisor for closing procedure:

Complainant contacted: **Yes** Date and Time: _____

2. If No solution from Department, Forward to the committee for final solution and recommendation.

N.B: In all cases, solution must be registered with the name of the concerned person/department who conclude the problem, sign it, with date and time, to be forwarded back to the CSC Supervisor.