



## Public Relations Office

Hospital "Santa Maria della Misericordia", Square Santa Maria delle Misericordia 33100 UDINE  
tel. 0432 552796 fax. 0432 552799 email: urp@asufc.sanita.fvg.it

### Form for the submission of a:

**COMPLAINT**

**REPORT**

**SUGGESTION**

**PRAISE**

The undersigned,

Last Name \_\_\_\_\_ First Name \_\_\_\_\_,

Date of birth \_\_\_\_\_, Place of birth (City & Country) \_\_\_\_\_,

Address (Street & No.) \_\_\_\_\_ ZIP \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

Tel. \_\_\_\_\_ Email \_\_\_\_\_

explains below what has happened:  to him/herself  to Mr. / Mrs. (please fill in the part below)

**parent**  **child**  **spouse/ partner**  **other** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_,

Date of birth \_\_\_\_\_, Place of birth (City & Country) \_\_\_\_\_,

Address (Street & No.) \_\_\_\_\_ ZIP \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Tel. \_\_\_\_\_

### Description of the facts to be reported

(In the description, please specify **what** has happened, **when** it happened, **where** it happened, and **who** was present at the time)

On (DD/MM/AAAA) \_\_\_\_\_ in the Department/Ward \_\_\_\_\_

of \_\_\_\_\_

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**The undersigned proposes/suggests** \_\_\_\_\_

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**The undersigned ask** \_\_\_\_\_

**Date** (DD/MM/AAAA) \_\_\_\_\_ **Signature of the reporting party** \_\_\_\_\_

Azienda Sanitaria Universitaria Friuli Centrale (ASU FC – headquarters in Udine – mail: [urp@asufc.sanita.fvg.it](mailto:urp@asufc.sanita.fvg.it); Certified mail: [asufc@certsanita.fvg.it](mailto:asufc@certsanita.fvg.it); Tel: +39 0432 5521), as Data Controller of the data supplied in this form, will process such data mainly using IT and telematics, for the purposes set out in the (EU) Regulation 2016/679, and in the Legislative Decree (30 June 2003, n. 196 and subsequent amendments) on the protection of personal data, in particular for the execution of tasks related to the public interest or, in any case, connected to the exercise of its public powers, including the purposes of the processing, storing, history research, and statistical analysis of requests received.

Failure to provide the data does not allow the report to be examined. The acquired data will be kept in compliance with the rules on the storage of administrative documentation.

The data will be processed exclusively by personnel and collaborators of the Company or of companies expressly appointed as Data Processors. In no other case will the data be disclosed nor will they be communicated to third parties, except when other subjects are involved in the preliminary activity, and except for the cases specifically provided for by the Italian or the EU law. In the cases provided for by law, the interested parties have the right to obtain from ASU FC access to their personal data and to amend, cancel or limit the processing of the same, or to oppose it (Articles 15 and following of the aforementioned EU Regulation). The specific request to the Company is filed by contacting the Data Protection Officer of ASU FC.

**PROXY**

The undersigned, \_\_\_\_\_ Date, City & Country of birth \_\_\_\_\_

authorizes Mr./Mrs., \_\_\_\_\_ Date, City & Country of birth \_\_\_\_\_

- to submit this report
- to be my proxy throughout the processing of this report

I enclose a copy of my and my proxy's identity card.

Signature of the interested party \_\_\_\_\_

**Reserved to the Public Relations Office**

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