Zorg en Jeugd Caribisch Nederland
Ministerie van Volksgezondheid, Welzijn en Sport

Complaints form Youth Care

Number

You can use this form to file a complaint if you are dissatisfied with your treatment or the methods used by Youth Care. You cannot use this form to file an appeal, objection, or petition.

It is important to clearly indicate what your complaint concerns, for example, when you have received/sent certain mail or what happened on a specific date. Do you have a complaint about an employee? Make sure to list the name of this employee. Please make sure to enclose any documents that are relevant to your complaint. This allows us to handle your complaint faster and more effectively. It is important to include the date and your signature on this form.

Complete in CAPITAL LETTERS, please.

1 Details

First name: (in full)

Last name *(own name of married woman)*

Address

Telephone number

Email

Island ☐ Bonaire ☐ Sint Eustatius ☐ Saba

Department ☐ Outpatient care ☐ Foster care ☐ Family ☐ Residence

2 Describe your complaint here

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3 Signature

Date (mm/dd/yyyy)

Signature

City