Helsinki

Objection referring to care or treatment

Social Services, Health Care and Rescue Services Division

Arrival date

Person to whose care or treatment this objection refers

Name and personal identity code
Address and telephone number

Topic of the objection (on a separate attachment, when necessary)

What happened, where and when (on a separate attachment, when necessary)

What measures should be taken in the unit in question?

Date, signature and contact information of the person sending this objection

Date	Signature and name in block capitals	Address and telephone number

The objection should be sent to the following address:
City of Helsinki Registrar's Office/ Social Services, Health Care and Rescue Services Division, PO Box 10,
FI-00099 CITY OF HELSINKI

A solution given due to the objection cannot be appealed (Act on the Status and Rights of Patients, Section 15; Act on the Status and Rights of a Social Welfare Customer, Section 23). The objection does not prevent the application of other correction methods.

Clear form