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| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **ΥΠΟΥΡΓΕΙΟ ΥΓΕΙΑΣ** | | | | | | | | | | | | | | | | **1η Υ.ΠΕ. Αττικής** | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | Ημ/νία: | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | **ΕΝΤΥΠΟ ΥΠΟΒΟΛΗΣ ΠΑΡΑΠΟΝΩΝ/ ΚΑΤΑΓΓΕΛΙΩΝ** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | **Α. ΠΡΟΣΩΠΙΚΑ ΣΤΟΙΧΕΙΑ** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Ονοματεπώνυμο: | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Ιδιότητα: | | Λήπτης Υπηρεσιών: ας: | |  | Συγγενής Λήπτη: | | | |  | Άλλη: | |  | | | | |  | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Διεύθυνση: | | |  | | | | Τ.Κ.-Πόλη: |  | | | | | Τηλ.: | |  | | | | |  | | |  | | | |  |  | | | | |  | |  | | | | | E-mail: | | |  | | | |  |  | | | | |  | |  | | | | |  | | | | | | | | | | | | | | | | | | | | **Β. ΠΕΡΙΓΡΑΦΗ ΠΑΡΑΠΟΝΟΥ / ΚΑΤΑΓΓΕΛΙΑΣ** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Υπογραφή του ατόμου που υπέβαλλε την καταγγελία / αναφορά: | | | | | | | | | | | | | | | | | | | | (Σε περίπτωση ανεπάρκειας χώρου η δήλωση συνεχίζεται στην πίσω όψη της και υπογράφεται από τον δηλούντα ή την δηλούσα) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Υπογραφή του ατόμου που υπέβαλλε την καταγγελία / αναφορά: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |   **ΕΝΗΜΕΡΩΣΗ ΓΙΑ ΤΗΝ ΕΠΕΞΕΡΓΑΣΙΑ ΔΕΔΟΜΕΝΩΝ ΠΡΟΣΩΠΙΚΟΥ ΧΑΡΑΚΤΗΡΑ**  Η διαχείριση των καταγγελιών και των παραπόνων υπόκειται στις διατάξεις του Γενικού Κανονισμού Προστασίας Δεδομένων Προσωπικού Χαρακτήρα ΓΚΠΔ/GDPR (ΕΕ) 2016/679, καθώς και στις διατάξεις του ν. 4624/2019. |