**MINISTRY OF HEALTH**



**6η HEALTH REGION OF PELOPONESSE, IONIAN ISLANDS, EPIRUS AND WESTERN GREECE**

**GENERAL HOSPITAL OF CORFU “AGIA EIRINI”**

**DATE:**

**POSITIVE FEEDBACK SUBMISSION FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION** | | | | | | |
| **Full Name** |  | | | | | |
| **Status** | **Patient** |  | **Relative of Patient** |  | **Other** |  |
| **Address** |  | | | | | |
| **Postal Code-City** |  | | | | | |
| **Phone** |  | | | | | |
| **E-mail** |  | | | | | |
| **DESCRIPTION** | | | | | | |
| Please provide details such as who or what your feedback concerns: | | | | | | |
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**CONTACT DETAILS OF THE HOSPITAL:**

**Address**: Kontokali – 491 00 Corfu GREECE  
**Phone**: +30 2661360800  
**Email**: complain@gnkerkyras.gr ; manager@gnkerkyras.gr

**INFORMATION ON THE PROCESSING OF PERSONAL DATA**

The management of positive feedback is subject to the provisions of the **General Data Protection Regulation (GDPR) (EU) 2016/679**, as well as the provisions of **Law 4624/2019** on the protection of personal data.