

1	
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:						

## **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.