Feedback form

Share your experience of using the LUX MED Gdańsk Hospital services

Particulars of the p	person submitting the feedbac	K:
Surname	:	
Name	:	
Personal ID number (PESEL)	:	
Date of birth	:	
	person using the LUX MED Szp ne person submitting the feedb	
Surename		Name
Personal ID number	(PESEL)	Date of birth
Name of the Policy Please provide the		
Date and time of the	e event:	
Place of the event:		
□ Call Centre ph	one line – please specify the	telephone number used for making the contact:
□ Facility:		
□ Other – please	specify the location:	
	of the Swissmed Hospital emplo	
Detailed descriptio	n of the situation:	



In view of the above:		
\square I expect clarification in writing \square I \square I do not expectany clarification \square	other:	
Contact details:		
Street / Building No. / Apartment No:	:	
City/Town	:	
Postal code / Post office:	:	
Phone	:	
E-mail	:	
Signature of the person submitting		Signature of the person receiving the feedback

The personal data is controlled by LUX MED Szpital Gdańsk S.A. with its registered office in Gdańsk, ul. Wileńska 44, 80-215 Gdańsk. The data is processed on the basis of Article 9(2)(h) of the GDPR. Should you have and questions or require additional information, please contact our data protection officer at the following address: daneosobowe@luxmed.pl. Information about your rights and instructions regarding the right to lodge a complaint with a supervisory authority are available on the website: https://www.szpital-gdansk.luxmed.pl/dane-osobowe/.

Please send the form to this address: LUX MED Szpital Gdańsk S.A. Wileńska 44, 80-215 Gdańsk, or to this e-mail address: opinie.szpital.gdansk@luxmed.pl or leave it at a facility's reception desk.

