SHAHEED MOHTARMA BENAZIR BHUTTO
INSTITUTE OF TRAUMA KARACHI

Patient Feedback/Complaint Form

- ○ Compliment for physicians or staff
- ○ Suggestions to improve services
- ○ Complaint (within six months of the date of occurrence)
- ○ Other

Date of Occurrence

Patient Information

First name *

Middle name

Last name

SMBBIT Medical Record No.*

Cell No.

Attendant Information

Relationship with Patient

CNIC

Cell No.

Address

Feedback / Complain

- **The above information should be complete and accurate in case of complaint.**