OBRAZAC – Unutarnje prijavljivanje nepravilnosti

# **PRIJAVA NEPRAVILNOSTI U DOMU ZDRAVLJA KOPRIVNIČKO-KRIŽEVAČKE ŽUPANIJE**

Podaci o podnositelju prijave nepravilnosti (ime i prezime/naziv, adresa, kontakt podaci – broj telefona, e-mail adresa):

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Podaci o osobi/osobama na koje se prijava nepravilnosti odnosi:

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Opis nepravilnosti koja se prijavljuje sa naznakom dana kada se nepravilnost dogodila:

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Uz prijavu prilažem slijedeće dokumente i podatke vezane uz opisani događaj:

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Datum podnošenja prijave:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Potpis podnositelja prijave

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