

Date of arrival

Person, whose care or treatment is affected by the objection

Name and social security number

Address and phone number

The subject of objection (if necessary, submit as separate attachment)

What has happend, where, and when? (if necessary, submit as separate attachment)

What kind of measures do you expect from the unit?

The signature and contact information of the person giving the objection

Date	Signature	Address and phone number
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The objection is sent to:

Orton Oy, Tenholantie 10, 00280 Helsinki, Finland

The decision given as a result of the objection may not be appealed (Law on the status and rights of the patient § 15, Law on the status and rights of social care clients § 23). The objection does not prevent the use of other means of correction.