

OBJECTION ON CARE OR RELATED TREATMENT

The person whose care or treatment the objection concerns	Name and personal identification number
Reason for the objection	
What happened, where and when?	
What measures does the person submitting the objection consider necessary?	
Date and signature	

DECISION ON THE OBJECTION

Observations by the staff	
Measures taken because of the objection	
Decision and justifications	
Date and signature	