CUSTOMER CARE DEPARTMENT
Tel No: (+356) 2545 4184
E-mail: mdh@gov.mt
Fax No: (+353) 2545 4185

Complaint Form

Date: _____ Ref: _____

Name of Complainant:_____

I.D. No._____

Address: _____

Telephone No._____ Mobile: _____

Report: _____

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Action: _____

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Mater Dei Hospital, Tal-Qroqq, Msida. MSD 2090, Malta
Ministry of Social Policy