Patient Name:__________________________________________________________________

UNI:_______ Phone:_________________________ Preferred method of contact: ________________

Are you a patient, a patient’s authorized representative or Student Health Employee? _________

If you are an employee, please provide your name_________________________________________

Are you submitting a complaint or a compliment? If you are submitting a compliment, please complete Section A. If you are submitting a complaint, please complete Section B.

A. Please give a detailed description of your positive experience with Student Health. Please include SHS staff members names, if possible.

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

B. Grievance/Complaint involves which Student Health Service Division (check one)?

Administration□ Mental Health Services□ Wellness□ Medical Services□

Grievance/Complaint involves (check one)

Wellness Offerings□ Drug and Alcohol Policy□ Billing□ Insurance□

Quality of Care□ Facilities□ Referrals□ Other, please describe below□
Please give a detailed description of the issue which you encountered. Please include SHS staff members’ names, if possible.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please check one
☐ I have approached the division with this grievance/complaint and am not satisfied with the outcome or handling. I am not satisfied because:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

☐ I have not approached the division with this grievance/complaint

Please check one
☐ I choose to represent myself during the grievance/complaint process.

☐ I choose to have a representative help me during this grievance/complaint process (specify representative).

☐ I choose to remain anonymous. I understand that by remaining anonymous this may result in the inability of the Student Health Service to fully resolve my grievance/complaint.

Signature of Patient/Person Filing Grievance __________________________ Date ______

FOR ADMINISTRATION ONLY

<table>
<thead>
<tr>
<th>Received on:</th>
<th>By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Director reviewed on:</td>
<td>Forwarded to Division on:</td>
</tr>
<tr>
<td>Resolved? Y/N</td>
<td>Follow-Up Y/N</td>
</tr>
</tbody>
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