

**STUDENT HEALTH SERVICES
COMPLAINT FORM**

Date & time complaint received:

Name of complainant:

Address:

Phone:

Insurance:

Chart Number:

Name of person receiving complaint:

Describe nature or circumstances pertaining to complaint:

Complainant or staff signature: _____ **Date:** _____

Describe what has been done to resolve/attempt to resolve this situation, and the outcome:

Complainant or staff signature: _____ **Date:** _____

Management report of review:

Signature: _____ **Date:** _____