



Student Feedback/Request Form

Patient Name:	TAMU UIN:
Email Address:	Phone Number:
Appointment Date:	Appointment Time:
Type of Appointment:	<div>Student Counseling</div> <div>Student Health</div>
I would like to submit a: <div><div><input type="checkbox"/> Compliment</div><div><input type="checkbox"/> Complaint</div><div><input type="checkbox"/> Suggestion</div></div> <div><div><input type="checkbox"/> Compliance/Privacy Issue</div><div><input type="checkbox"/> No Show / Cancellation Fee Waiver</div><div><input type="checkbox"/> Other <i>(please specify in Visit Summary/Feedback area below)</i></div></div>	
Visit Summary/Feedback <i>(Please describe in detail your visit, if applicable.)</i>	
Desired Outcome <i>(Please list any actions you feel should be taken as a result of your visit and events above.)</i>	
Signature*:	Date:

*By signing you authorize members of University Health Services to investigate aspects of your appointment including (but not limited to) services rendered, items billed, account balance, and your current UHS eligibility status.

FOR ADMINISTRATIVE USE:

Administrator:	Patient presented issue in person?	Y / N
Staff Consulted:		
Notes:		
Action Taken:		
Signature:	Date:	