



Student Feedback/Request Form

Patient Name:	TAMU UIN:
Email Address:	Phone Number:
Appointment Date:	Appointment Time:
I would like to submit a: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Compliment <input type="checkbox"/> Complaint <input type="checkbox"/> Suggestion </div> <div style="width: 45%;"> <input type="checkbox"/> Compliance/Privacy Issue <input type="checkbox"/> Late Fee Waiver <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> <div style="height: 100px;"></div>	
Desired Outcome <i>(Please list any actions you feel should be taken as a result of your visit and events above.)</i> <div style="height: 100px;"></div>	
Signature*:	Date:

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

FOR ADMINISTRATIVE USE:

Administrator:	Patient presented issue in person?	Y / N
Staff Consulted:		
Notes: <div style="height: 30px;"></div>		
Action Taken: <div style="height: 30px;"></div>		
Signature:	Date:	