STUDENT HEALTH SERVICE
PATIENT COMMENT FORM

As a student at ECU it is your right to expect and receive competent and courteous health care at this facility. If your experience falls short of this expectation or you have suggestions for improving your service, we would appreciate your comments. If you are happy with a staff member or department please let us know.

Please be as specific as possible. Your comments will be carefully reviewed and appropriate action taken. If you prefer you may remain anonymous. However, in no case should you receive any adverse repercussions as a result of any comments you make.

Date: ______________  Home Telephone # _____________________

Name ____________________________________________  Banner ID# ______________________

Last   First   MI

I had:  appointment: _____, a Triage Care Visit: _____, Pharmacy _____

Comment is: _______________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

(Continue on reverse side)

EVALUATION: (To be completed by SHS staff)

___ Misinterpretation of policy.  ___ Request is against policy.
___ Comment/complaint is valid.  ___ ECU SHS staff member in error.
___ Person had inaccurate information  ___ Need more information.
Other  _______________________________________________________________________

ACTION TAKEN:

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Signature of staff member completing this form: _________________________________

Copies sent to: _______________  Form Logged: _______________________________