



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)

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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 \_\_\_\_\_

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ACTION TAKEN:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Signature of staff member completing this form: \_\_\_\_\_

Copies sent to: \_\_\_\_\_ Form Logged: \_\_\_\_\_