

JAMES MADISON UNIVERSITY
University Health Center
Student Patient Complaint Form



RATIONALE: To provide a mechanism for student patients to file a complaint when they perceive inappropriate care or unprofessional interactions related to a medical visit. It is the policy of UHC to serve all eligible students without regard to race, age, sex, gender identity, color, ancestry, sexual preference, national origin, legal residence, economic status, religious creed, parenthood, marital status, contraceptive preference, disability or handicap.

PROCEDURE

- 1) The student is instructed to print and complete the Student-Patient Complaint Form located on our webpage, within two weeks of the incident. The completed form should be forwarded to the Medical Director or the Associate Director of Clinical Operations. The form may be faxed (540-568-6176), emailed (healthctr@jmu.edu), or dropped off at the University Health Center desk on the second floor of the Student Success Center. If additional information regarding the incident is required, the student will be contacted directly.
- 2) The complaint will be investigated by the Medical Director or the Associate Director of Clinical Operations. The student is then notified within 30 days (of filing the complaint) of the outcome and action (if any) taken.
- 3) Documentation of the incident will be maintained in a confidential Complaint file in the Medical Director's Office
- 4) If satisfactory resolution is not obtained from the student's perspective, the student may request that the complaint be reviewed by the Director of the University Health Center.
- 5) If the complaint is related to the Medical Director or the Associate Director of Clinical Operations, the complaint will be reviewed by the Director of the University Health Center.

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Before completing and submitting this form, please read the *Patient's Rights and Responsibilities* document (<https://www.jmu.edu/healthcenter/StudentCare/patient-rights.pdf>) and the *Student Patient Complaint Policy* located page 1 of this document.

Submit this form by secure fax (540-568-6176), email (healthctr@jmu.edu), or drop it off at the University Health Center desk on the second floor of the Student Success Center.

Name: _____ Student ID number: _____

Date of Incident: _____ Current Date: _____

Please describe the circumstances and interactions that has resulted in this complaint being filed. Please provide as much detail as possible.

Signature : _____