**Student Patient Complaint Form**

Before completing and submitting this form, please read the [Patient’s Rights and Responsibilities](https://www.jmu.edu/healthcenter/_files/patients-rights.docx)

Once complete, submit this form by secure fax (540-568-6176), email [(healthctr@jmu.edu),](mailto:(healthctr@jmu.edu) or drop it off at the University Health Center. The complaint will be investigated by the Medical Director, Associate Director of Nursing, or Associate Director of Business Operations. Complainant will be notified within 30 days of the outcome of the review and any action taken.

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