UTAH VALLEY UNIVERSITY

Student Health Center

Student Patient Complaint Form

Before completing and submitting this form, please read the Student Patient Complaint Policy on our website.

Name: _____ Student ID number: _____

Phone Number: _____

Date of Incident: _____ Current Date: _____

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

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By signing below, I agree to this document being emailed to hawsru@uvu.edu for review.

_____

Signature