UND STUDENT HEALTH SERVICES
UNIVERSITY OF NORTH DAKOTA

John A. Swenson Student Health Services
McCannel Hall, Room 100
2891 2nd Avenue N., Stop 9038
Grand Forks, ND 58202-9038
Phone: 701.777.4500 Fax: 701.777.4835

PATIENT COMPLAINT/GRIEVANCE FORM

Patient Information:

Patient Name: _____ Student ID#:_____

Local Address:_____

Phone Number:_____Date of Birth:_____

Complainant Information:

Name of person filling out form if other than patient: _____

Mailing Address: _____

Phone Number: _____ Relationship to Patient: _____

Time & Date of Incident: _____Name of Staff Involved (if known):_____

In your own words, please tell us why you are not happy with the care or service you received:

As a result of your complaint, what would you like to see happen?

I understand that staff investigating this complaint may need to see and review health records, but that all information will be kept confidential. I further understand that this complaint/ grievance will in no way affect any care provided.

Signature _____ Date _____

Thank you for taking the time to bring your complaint to our attention. You should receive a response within 30 days. Please complete and submit this form by either mailing, hand delivering, or faxing to Student Health Services.

---------- **Office Use Only** ----------

Date complaint received: _____Received by: _____

Reviewed by: _____

Notes: