

Miami University  
Student Health Service  
Student Comment Form

In the interest of providing the most appropriate and effective service to students, we want any information you can provide regarding your dissatisfaction with the service you received. In addition to completion of this form, you are invited to make an appointment with the Assistant Vice President for Student Health and Wellness (529-7506) to discuss your concerns. Regardless, we will investigate your report and take corrective action if it is warranted.

Today's date: \_\_\_\_\_ Date of incident: \_\_\_\_\_

Please describe the incident: \_\_\_\_\_

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Your name: \_\_\_\_\_

Phone number \_\_\_\_\_ e-mail address \_\_\_\_\_

4/13/04