

Miami Universtiy
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 Senior Administrative Director (529-3051) 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: _____

Your name: _____

Phone number _____ e-mail address _____

4/13/04