UNIVERSITY OF CALIFORNIA, IRVINE
Student Health Center
501 Student Health
Irvine, California 92697-5200

Service Issue Form

We would like to hear from you about areas of improvement that would enhance our services and your experience as a patient here at the Student Health Center. We are interested in hearing suggestions for improvement, areas of service shortfall, and general overall feedback.

Date: _____

Name: _____

I. Feedback:
(Please specify with as much detail as possible, the situation, staff members involved, etc. Continue on the reverse side if needed.)

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II. Check if you believe that this issue relates to:

❒ **FERPA** privacy laws (enrolled student) OR ❒ **HIPAA** privacy laws (non-student patient)

III. If you would like someone to contact you regarding this issue, please complete the following:

Name: _____ **Student ID#** _____

Phone #: _____ **Email:** _____

Please place this form in the envelope provided, and drop off in the Student Health Center's comment box in the main lobby.