

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 SHC comment box in the main lobby across from the Cashier's Window. Alternatively, you may fax to SHC Administration at 949-824-1378 or mail to: UCI Student Health Center/Attn: Credentialing, Quality & Compliance at the address noted on top of this form.