



NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

Student Health Center Patient/ Visitor Grievance Form

Patient/ Visitor Name: _____ Today's Date: _____

Student/Banner ID #: _____ Date of Visit: _____

Patients/Visitor Address: _____

Phone #: _____ Email: _____

Contacted By (if applicable): _____

Relationship to Patient (if applicable): _____

Mode of Contact: Phone: _____ Email: Survey: _____ In person: _____ Other: _____

Patient/Visitors Issue:

Leave to be filled out by Student Health Center:

Contacted by: _____

Routed To:

- Supervisor: _____
- Executive or Medical Director: _____

SHC Follow Up:

Resolution/ Action: