

**Student Complaint/Grievance Form**

Before completing this form, please read the Patients' Rights and Responsibilities document located in the Student Health Services waiting room and on the Student Health Services website. After completion, please return to Student Health Services either via email at [StudentHealthServices@utsa.edu](mailto:StudentHealthServices@utsa.edu) or in person.

Name: \_\_\_\_\_

(Last)

(First)

(Middle Initial)

Banner ID/ABC123: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Current Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Please describe the circumstances surrounding the situation, and what grievance specifically in which you have concern. Please give as much detail as possible.

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Signature: \_\_\_\_\_

Thank you! A Student Health Services representative will be contacting you within 2 business days