Student Health Center
PH: 562.903.4841
FAX: 562.906.4512

Student Complaint / Grievance Form

Before completing this form, please read the Patients Rights and Responsibilities document and the Complaint / Grievance Procedure located on the Student Health Services web site. After completion, please return directly to the Director, Student Health Services.

Name (please print clearly) _____Class year _____

ID# _____Date of incident _____ Current Date _____

Hall Residence_____Off Campus Residence_____

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

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Signature _____Phone_____

Thank you! The Director of Student Health Services will call you to determine a meeting time.