

IU Indianapolis Campus Health  
Patient/Visitor Comment/Complaint Form

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

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

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

Best time to call: \_\_\_\_\_

Summarize your concerns (Include date and time of occurrence.  
Provide names where possible):

---

---

---

---

Analysis (completed by appropriate supervisor):

---

---

---

---

Recommendation for process improvement or prevention strategies (completed by appropriate supervisor):

---

---

---

---

You may give this to the front desk personnel in a sealed envelope or you may place this in campus mail. We will get back to you within three business days, upon receipt of your concern(s).