Cornell College Student Health Services
Student Feedback Form

Before completing this form, please read the Patient Rights and Responsibilities document. We welcome your input. If you have a grievance, please read the Complaint/Grievance Procedure located on the Student Health Services Website. After completion, please return this form to the Student Health Services.

Name_____

Date of service _____Current date_____

Please give us your feedback about your recent visit to the Health Center. If this is a grievance, please give as much detail as possible.

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Please print name clearly, then sign. Please include your box number. Thank you.