



# The University of Texas at Austin University Health Services

## Your Feedback is Important to Us

Pick-up Date: Location:
YEAR:
Feedback #:
For Office Use Only

With your compliments, questions, complaints, and suggestions, we can maintain and improve the services we provide.

Today's Date: \_\_\_\_\_ Date and time of visit your to University Health Services \_\_\_\_\_

Please be as specific as possible: Give details and name(s) or identifying characteristics of person(s) involved. If you were dissatisfied with any aspect of our services, please suggest a reasonable resolution. If you need more space, please use the other side of this page or attach additional pages. You can also submit your feedback online via [healthyhorns.utexas.edu](http://healthyhorns.utexas.edu).

In case questions arise or clarification is needed, please give your name, UTEID#, daytime telephone and email address. **All information is kept strictly confidential and will not become a part of your medical record. You may remain anonymous, however, this may limit our ability to clarify your feedback for appropriate action.**

Name \_\_\_\_\_ UTEID \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

If you would like a member of the University Health Services administration to contact you, how would you prefer to be contacted? (Please be sure to give name, UTID #, phone number, and email address above.)

- Email Address
- Phone

Deposit this form in one of the boxes provided at University Health Services, fax this form to (512) 471-0898 or mail to:

UHS Feedback Coordinator  
P.O. Box 7339  
Austin TX 78713-7339  
[feedback@uhs.utexas.edu](mailto:feedback@uhs.utexas.edu)