We are eager to hear from you! Your compliments, questions, complaints, and suggestions help us maintain and improve the services we provide. Our goal is EXCEPTIONAL SERVICE ... EVERY PERSON. EVERY TIME.

Today’s Date: ________________ Date & time of visit: ________________

Please 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 may also submit your feedback online at www.healthyhorns.utexas.edu

All information is kept strictly confidential and will not become a part of your medical record. You may submit this form anonymously; however, this may limit our ability to clarify your feedback for appropriate action.

May we contact you if we need additional information? □ Yes □ No

Name ___________________________ UT EID ________________

Would you like a response regarding your feedback? □ Yes □ No

If you would like us to respond to your feedback, how would you prefer to be contacted?

□ Phone: ___________________________ □ Secure Message through UTDirect

□ Mail: ___________________________

Deposit this form in one of our feedback boxes in the SSB or mail it to:
UHS Feedback Coordinator / PO Box 7339 / Austin, TX 78713-7339

□ Acknowledged