

SUBJECT: Complaints and Grievances

POLICY:

It is important that Hendrix Health Center (HHC) provide a mechanism whereby students/clients can express any concerns, complaints, grievances, comments or suggestions they may have about the services or operation of the Health Service. This mechanism will assure that all comments and complaints are reviewed by the Health Center Director and, when appropriate, addressed by the Student Health/Wellness Advisory Committee (SHAC) and the Quality Assurance Committee. It is the policy of Hendrix Health Center that:

1. Complaints and suggestions will be taken seriously.
2. Every effort will be made to listen carefully to the complaints of students/clients and to respond to their concerns in a timely manner.
3. When a concern, complaint, grievance, comment or suggestion is brought to the attention of a staff or SHAC member the student will be offered the following options for communicating his/her concern(s):
 - a. Clerical or professional staff will assist the student in scheduling an appointment to meet with the Health Service Director.
 - b. The student will be made aware of the availability of the "Student Communication Form." The form will be located at the registration desk in the Health Center.
 - c. The comment card and collection box are located in the waiting room.
 - d. The Student Satisfaction Survey at the HHC website (web.mnstate.edu/hendrix) allows space for comments and concerns.
4. Complaints & grievances concerning the HHC may be discussed at staff meetings, at the discretion of the Director.
5. Complaints & grievances concerning the staff at HHC will be discussed with the staff member(s) by the Director.
6. All concerns are reviewed by the Director and kept on file for future reference.

Reviewed by:_____Date:_____Policy:_____

MOORHEAD STATE UNIVERSITY
HENDRIX HEALTH CENTER
STUDENT COMMUNICATION
(Suggestions, compliments, and/or complaints)

In an effort to respond to student concerns and suggestions, Hendrix Health Center and the Student Health Advisory Board created this form for you to express complaints, suggestions, compliments, and/or concerns about MSU Health Services.

Concerns, Comments or suggestions:

In order to have the opportunity to discuss your concerns, please provide us with the following information:

NAME: _____

DATE: _____

LOCAL
ADDRESS: _____

LOCAL PHONE: _____

When is the best time to contact you?

For clinic use only

Reviewer:

Review Date:

Discussion:

Action:

Follow-up: