

Student Health Services Ombudsman:



Tel: 571-432-0003

Email: olin@msu.edu

Student Health Services Resources:

Web: olin.msu.edu/



**Find Student Health on Facebook:
"MSUStudentHealth"**



Patient Care Concerns

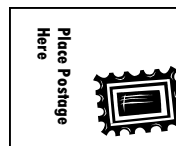
We appreciate you letting us know about your concerns as we will use this information to help improve the quality of our services.

Student Health Services is accredited by the Joint Commission

For issues that are not resolved to your satisfaction, you may contact the Joint Commission Office of Quality Monitoring at 1-800-994-6610 or email:

complaints@jointcommission.org

483 E Circle Drive
East Lansing, MI 48824



Please place your comments in one of our
Suggestion Boxes or send to:

MICHIGAN STATE UNIVERSITY

Student Health Services

**Student Health
Services at**

**148 Brody
G-17 Holden
127 S Hubbard
W9 McDonel
Olin Health Center**

***Please tell us
about your visit
today. . .***

**Student Health
Services
Ombudsman**

**Michigan State
University**

Thank you for choosing MSU Student Health Services

To help us better serve you in the future please take a few minutes to tell us what is on your mind.

Your comments mean a lot to us and we appreciate your input.



Date of Visit:

Your Name:

Student Number:

Phone Number:

Address:

Please let us know which location you visited:

- | | |
|---|---|
| <input type="checkbox"/> Brody | <input type="checkbox"/> Holden |
| <input type="checkbox"/> Hubbard | <input type="checkbox"/> McDonel |
| <input type="checkbox"/> Olin Health Center | |
| <input type="checkbox"/> Primary Care | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Allergy/Imm | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Health Ed |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Other _____ |

Please share with us any suggestions for improvement, compliments, concerns or ideas:

Did you get the help you expected at today's visit?

Yes No

Would you recommend Olin services to your friends?

Yes No

Was the staff assisting your provider friendly and helpful?

Yes No

Did you see your provider wash or sanitize his/her hands?

Yes No Not Sure N/A



Please place your comments in one of the white suggestion boxes located at Olin or in the Neighborhood Clinics.

Or, mail to:

**Ombudsman, Room 302
Olin Health Center
463 E Circle Drive
East Lansing, MI 48824**