

Student Health & Counseling (SHAC)
 MSC06 3870
 1 University of New Mexico
 Albuquerque NM 87131-0001
 (505) 277-3136 Fax: (505) 277-2020

Tell Us How We're Doing

Your feedback is very important to us. If you have any compliments, complaints, or suggestions about our services, staff, or facilities -- or anything to share with us about your experience at SHAC -- please fill out this form and place it in the Comments box located at SHAC in the west entrance (between the two sliding glass doors). We're always interested in improving our services, and every comment submitted will be carefully read and handled in strict confidence. Your comments will not become part of your medical record or affect health care provided at SHAC. You may also submit this form online at <http://shac.unm.edu/forms/comments.html>. Or, mail this form to the address above (ATTN: Tell Us How We're Doing).

Is there a specific SHAC Clinic Area related to your comments? Check below:

<input type="checkbox"/>	Acupuncture
<input type="checkbox"/>	Allergy & Immunization
<input type="checkbox"/>	Billing
<input type="checkbox"/>	Counseling Services
<input type="checkbox"/>	Health Education
<input type="checkbox"/>	Laboratory

<input type="checkbox"/>	Massage Therapy
<input type="checkbox"/>	Medical Clinic
<input type="checkbox"/>	Medical Records
<input type="checkbox"/>	Nutritionist
<input type="checkbox"/>	Pharmacy
<input type="checkbox"/>	Physical Therapy

<input type="checkbox"/>	Radiology
<input type="checkbox"/>	Reception Area
<input type="checkbox"/>	Sports Medicine
<input type="checkbox"/>	Travel Health
<input type="checkbox"/>	Women's Health

Date of SHAC Visit: _____ Today's Date: _____

Does this comment have to do with a particular clinician or staff member? _____

What are your comments? Use the back of the form if necessary.

Suggestions: Other than your main comment, what additional suggestions can you make to help us improve our services? See anything on your visit that could be made better? Any services that we don't currently offer that you think could be useful?

Contact Information – NOT REQUIRED

Please check this box (and fill in your information below) if you would like to be contacted regarding your comment or concern. All personal information is handled confidentially.

Name (First & Last): _____

Phone: _____ E-Mail: _____