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:

- Acupuncture
- Allergy & Immunization
- Billing
- Counseling Services
- Health Education
- Laboratory
- Massage Therapy
- Medical Clinic
- Medical Records
- Nutritionist
- Pharmacy
- Physical Therapy
- Radiology
- Reception Area
- Sports Medicine
- Travel Health
- 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
Although your contact information is not required, we prefer to work with you directly to resolve your concerns. Please consider providing your contact information below for that reason. All personal information is handled confidentially.

Name (First & Last): ____________________________________________________________

Phone: ___________________________________________  E-Mail: _______________________

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