Franklin & Marshall College
APPEL HEALTH SERVICES

Student Complaint / Grievance Form

Before completing this form, please read the Patient Rights and Responsibilities documents and the Complaint / Grievance Procedure posted in Appel and on the Appel Health Services web site. After completion, please return the form to the Director of Appel Health Services.

Name _____ Class Year _____

Date of incident _____ Current Date _____

Please describe the circumstances surrounding the situation, and what your particular grievance is. Please give as much detail as possible.

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Please print name clearly, then sign. Please include your F&M mail box number. Thank you.

Revised 02/07

YZ