

Health and Counseling Center

Consumer Complaint

Consumer: _____ **Date:** _____

Circle One: Undergraduate/Graduate/DU Employee/ Parent/Partner/Other: _____

Source of Concern: Check all that Apply

Medical Counseling CAPE Administrative Health Promotion General

Nature of Concern: Check all that Apply

Clinical Financial Policy or Process Other: _____

What is your concern or complaint:

How can we contact you to follow up?

Please feel free to attach any relevant email or written correspondence

A "consumer" is defined as any student, employee, or significant other of a student or employee who has sought or received medical, counseling, advocacy, consultation, or prevention services at the HCC.