



Winston-Salem State University Wellness Center

Phone: 336-750-3301 · Fax: 336-750-3303

Student Complaint/Grievance Form

Before completing this forms, please read the Patient’s Rights and Responsibilities document and the Complaint/Grievance Procedure located on the Student Health Services website. After completion, please return directly to the Director, Student Health Services.

Name (please print clearly) _____ Class year _____

ID# _____ Date of incident _____ Current Date _____

Hall Residence _____ Off Campus Residence _____

Please describe the circumstances surrounding the situation, and what grievance specifically in which you have concern. Please give as much detail as possible.

Signature _____ Phone _____

Thank you! The Director of Student Health Services will call you to determine a meeting time.

Please route to the Executive Director after completion, but no later than 30 days after initiating the grievance process.