

Concern/Complaint Form

MCC Health Services respects the right of patients to express their concerns and grievances about the care and services they receive. All concerns will be reviewed and investigated by the Interim Director of Health Services in a timely fashion. The results of the investigation will be reported back to you.

Jacqueline Carson, RN, BSN Interim Director of Health Services, (585) 292-2018

1.	Your full name:	
2.	Your student ID number:	
3.	Your phone number:	
4.	Your email address:	
5.	Your hall or address:	
6.	Date of incident:	
7.	Time of incident:	
8.	Please describe your concern:	
Coı	Conclusion (to be completed by Health Services staff)	
Sta	ff Signature:	

Whenever possible, patient complaints about the care or services received at Health Services are addressed and resolved at the point of origin. Patients with concerns that are not resolved at their point of origin are encouraged to speak with the college's ombudsman within the Office of Student Rights and Responsibilities at (585) 292-2122 or ombudsman@monroecc.edu. For further information about the role of the ombudsman, please consult: www.monroecc.edu/depts/student-rights/ombudsman/