Midwestern State University Vinson Health Center 3410 Taft Blvd Wichita Falls, TX 76308

Ph: 940-397-4231 Fax: 940-397-4504

## **Complaint & Grievance Form**

Date of Complaint	Made By	Relationship to Patient
Investigation Date	Received By	Title
Name of Patient		Phone
Mustang ID #	Services Received	
Complaint Form		
☐ In Person		
☐ Phone Call		
□ Written		
Investigation		
<b>Complaint Resolution</b>		
Р	Acce	n ,
Director of Vinson Health Cen	iter	Date
Office Manager of Vinson Hea	ilth Contar	Data
Office Manager of Vinson Hea	Date	