

IUPUI HEALTH SERVICES
Information Sheet

Date: _____

Name: _____

Phone: _____ E-Mail _____

Best time to call: _____

Summarize your concerns: (Include date & time of occurrence. Provide names where possible:

You may give this to the front desk personnel in a sealed envelop or you may place this in campus mail. We will get back to you within three business days, upon receipt of your concern(s)