

Dear Student,

The information provided by you will be kept strictly confidential and restricted to office use only. Please note, that your name and identity will not be used as reference without your consent. You may be called in for personal verification. Your complaint will not be considered as an official submission otherwise. Your feedback is important for improving the service and quality of the university and its student community.

Student Information

Name _____

ID _____ Program _____ Mobile _____

Address _____

Email _____ Signature _____

Complaint

Complaint type Complaint Grievance Discriminations Sexual Harassment

Incident occurred on (Date/ Time/Place, if any) _____

Date of Submission _____

Complaint against Student Faculty Employee Other staff _____

Name _____

ID _____ Program/ Department _____

For Office Use Only

Category Major Moderate Minor

Action proposed _____

Action Summary

Date	Remark	Sign
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments _____

Signature _____

* Include additional papers/ documents if required.