



## COMPLAINT & SUGGESTION FORM

NAME: ----- COURSE: -----

TERM ----- REF NO: -----

DEPARTMENT CONCERN.....

PERSON RELATED (IF ANY): -----

COMPLAINT OR SUGGESTIONS:

SIGN: ----- DATE: -----

### **For office use only:**

COMPLAINT/SUGGESTION NO: ----- DATE REVIEWED: -----

Concern person /Department: -----

Action Taken: -----

Authorized Signature: -----

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