



EUROPEAN UNIVERSITY OF LEFKE
ENGLISH PREPARATORY SCHOOL
STUDENT COMPLAINT FORM

Student Information

Full Name: _____

Student Number: _____

Date of birth (mm/dd/yyyy): _____

Address: _____

Telephone/ Mobile number: _____

E-mail: _____

Please describe your complaint in detail, providing as much as information as possible regarding date, time, location and specifics including names (please use additional sheets if necessary).

Declaration

I declare that the information given in this form is true, and that I would be willing to answer further questions relating to it if necessary.

Signature: _____

Date Submitted: _____

PLEASE SUBMIT COMPLAINT FORM TO PREPARATORY SCHOOL STUDENT ADVISOR(S) OR SECRETARY.

This part will be completed by the student advisor(s).

Student Advisor: _____
Signature: _____
Date: _____
Comments:

Director: _____

Signature: _____

Date: _____

Resolved: _____
Unresolved: _____