



Personal Information	
Name:	Email:
Department:	campus:
Type (Suggestion/Complaint)*	
Description of Suggestion/Complaint	
Additional Comments	
Date:	
For Quality Department	
Number of Suggestion/Complaint	Date of receiving Suggestion/Complaint
Method of Receiving Suggestion/Complaint (in person , via email ,other{specify})	
Transferred to the () department for investigation , actions and response.	
For Relevant Department	
Investigation	
*Cross the unsuitable word	

Corrective Actions			
<p>Action:</p> <p>Responsible Party:</p> <p>Due Date:</p>			
Preventive Actions			
Follow-up Status			
<p>Issue Resolved:</p> <p>Proposal Approved and Implemented:</p> <p>Matter Cannot be followed (University Decision/Decree no):</p> <p>Lack of information /resources:</p> <p>Need to change policy or procedure:</p>			
Return the Form to the Quality Department			
Evaluation of Complaint/Suggestion Follow-up			
Weak	Acceptable	Good	Very good