



| Personal Information | | |
|---|--|--|
| Name: | Student ID: | Faculty: |
| Department: | Email: | Phone number: |
| Type (Suggestion/Complaint)* | | |
| Type of Suggestion/Complaint) | | |
| Academic (Curriculum, Teaching Methods, Exams, Grading, Academic Advising, Research, other {specify}) | Administrative (Registration, Fees, Scholarships, Facilities, Student Services , other{specify}) | Social (Student Activities, Clubs, Events < other {specify}) |
| 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. | | |
| *Cross the unsuitable word | | |

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