**STUDENT COMPLAINT FILING FORM**

Reference. Nr./Date: ................./..................

Το

the Secretary of the Department

***Note for the students:*** *The Department receives through this document the expression of any complaint, suggestion or comment expressed by the students regarding the quality of the academic and administrative services, in order to continuously improve the offered services.   
In the case of any incorrect data completed on this form, the complaint is rendered unacceptable and will receive no further processing.*

PROGRAM OF STUDY: ......................................................................................................................................

STUDENT FULL NAME: ............................................................... FATHER’S NAME: ...………………………………..

STUDENT ID: ...................................... STUDENT Reg. Nr.: ....................................... Semester of study: ……

Contact phone/mobile: ...................................................... E-mail (mandatory): ………………………………….……...

Complaint topic: ………………………………………………………………………………………………………………………………………..

**Please express concisely and clearly the problem you have faced or your complaint regarding the services (academic, administrative, other) offered by the Department:**

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I declare that I consent without restrictions to the processing of my personal data for the purpose of handling and reviewing the present complaint.

Additional documentation is attached to this complaint.

Athens, ....../....../20......

Student Name and Signature