

Complaint & Suggestion Registration Form

Master's Degree Title:					
Date:		Academic Year:		File number:	

Applicant

Name:					
Address:					
City, Province					
DNI/Passport No.		Tlf:		Fax:	
Email:					

Type (check one):

Complaint

Suggestion

The mode in which the complaint or suggestion is being realized (check one):

Email

In person

Scope (check one):

Individual comment:

Collective comment:

Subject:

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Description:

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Response (check one):

I do not wish a receive a response

By fax

By email

By mail