



STUDENTS COMPLAINT FORM

COMPLAINT OBJECTIVE:

Division : _____

Evidences : _____

Problems : _____

Name (<i>complete name</i>)			
NIM		Tel. No./HP	
Faculty Major/Class/Batch			
Academic Year Last Attended			

_____ Jakarta, _____

Student's Signature Date

For Student Services use only.

To be Processed by			
Date to be confirmed		Ref. No.	

Claimed by (<i>Name & Signature</i>)		Date	
Issued by			