

Student Complaints Feedback -Form

This form is optional. It is only used for quality control.

YOUR DETAILS

Full name:

Student ID:

Faculty:

Yes No

- According to you, was the process of handling your complaint too long
- According to you, was the process clearly explained to you
- According to you, did the complaint timely receive full consideration
- Did anyone from CIT staff push you not to file your complaint
- Did you suffer reprisals after filing your complaint
- Was you afraid from reprisals when filing your complaint
- Are you now afraid from reprisals because of filing your complaint

ANY OTHER COMMENT

Student Signature:

Date: