

COMPLAINT SUBMISSION FORM

To the Secretariat of the Postgraduate Programme

Registration Number:

FULL NAME:

FATHER'S NAME:

ID Number:

Registry Number:

Study Semester:

ADDRESS:

Phone/Mobile:

Email (required field):

Subject of Complaint:

Please briefly and clearly state the issue you encountered or your complaint regarding the provided services (educational, administrative, etc.).

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I hereby explicitly and unreservedly consent to the processing of my personal data for the purpose of handling this complaint.

Additional documents related to the issue are attached.

Athens,

Applicant:

Any inaccuracies render the statement inadmissible, and it will not be further examined.