

# CYCU Student Complaint Application Form

Date of complaint: MM/DD/YY

Complainant	Name		Gender		Department/Grade Student ID	
	Date of birth: MM/YY		Tel. No.			
	Address					
Respondent (or the Respondent unit's representative)	Name		Gender		Service License No.	
	Service Unit		Job Title			
	Address					
Facts of the complaint:						
Reasons of the complaint (inadequate policy): Please state them item by item.						

- The contents of said complaint are true and correct, and drafted by the complainant in person without doubt. The complainant is willing to bear the relevant legal liability for any false statement or false accusation impairing another person's reputation or interest, if any, upon

entering his/her seal/signature hereto.

Undersigned: (Seal & Signature)