CYCU Student Complaint Application Form

Date of complaint: MM/DD/YY

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| Complainant | Name |  | Gender |  | Department/GradeStudent ID |  |
| Date of birth: MM/DD/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:  |
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| Reasons of the complaint (inadequate policy): Please state them item by item. |
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* 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)