Nr. \_\_\_\_\_\_\_

Complaint: verbal/written

Date Complaint Received:

Complainant Recorded by:

**Complaint Form**

Name of Complainant:

E-mail address, telephone number:

Date of Incident:

Faculty:

Semester:

Department:

Study Course:

Member of Academic Staff:

Complaint Details:

Person Responsible:

Chairman of the Student Council /Natālija Šilova/

Student Council Office Administrator /Kristīne Podvinska/