**COMPLAINTS APPLICATION FORM (1)**

To the Protocol Number.: ……........

Secretariat of Biomedical Engineering Department

FULL NAME: ................................................................... FATHER'S NAME: ……………………………………………….

ID number: ........................... Student Register Number (2): ........................... Study Semester (2): …………… Address: …………………………………………………………………………………………………………………………………………………..

Phone number: .............................................. E-mail (mandatory): ………………………………………………………….

Complaint Subject: ……………………………………………………………………………………………………………………………………

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

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I declare that I expressly and unconditionally consent to the processing of my personal data for the purpose of managing the above complaint.

Attached additionally (3) ……. documents on the subject.

Egaleo, .................................

Name/Signature ...................

(1) The Department of Biomedical Engineering, in the context of the continuous effort to optimize the study and working conditions, provides the opportunity to express any complaints related to the services provided.

(2) To be completed only if it is a student

(3) The number of documents is indicated