

FOUNDATION UNIVERSITY ISLAMABAD CAMPUS
STUDENTS COMPLAINT/SUGGESTIONS

Completed Student Complaint/Suggestion Forms are to be sent to the Dean/Principal Office OR relevant Head of Department OR MSA/Manager Admin

1. Roll No:_____ 2. Name_____ 3. Session/Course_____ (MBBS/BDS/DPT)
 4. E.mail Address/Contact No_____ 5. Complaint No:_____ **(To be mentioned by MSA)**

*** Serial 1-3 is optional**

Tick the Problem Area

Discipline Transport Library IT Lab Extra Curricular Student Affairs
 Administration EO(F) ACE FUI Academics

DISCRIBE YOUR COMPLAINT/FEEDBACK (ATTACH ADDITIOONAL PAGES IF NCESSARY)

Signatures:_____

Dated:_____

FOR OFFICE USE ONLY

Received on_____

Comments by MSA_____

Referred to Director/HOD/Manager Admin/MSA/Asst Controller Exam

Comments/Action taken by Concerned Authority_____

Signatures:_____

To be sent to Dean/Principal urgently

Remarks by Dean/Principal_____

Action to be taken by_____

Action Completed_____

Final Disposal_____

S / N O	COMPLAINT NO & DATE OF RECEIPT	ROLL NO	NAME	SESSION	BRIEF COMPLAINT
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REOFFERED TO CONCERNED AUTHORITY	COMMENTS BY THE CONCERNED AUTHORITY	COMMENTS BY THE DEAN/PRINCIPAL	FINAL DECISION
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