
GENERAL GUIDANCE

The purpose of this form is for AUM students to be able to voice their concern, make a complaint and be heard.

STUDENT DETAILS

Last Name: _____ First Name: _____ Middle Initial: _____

AUM ID: _____ Email: _____ Phone: _____

NATURE OF THE COMPLAINT

Describe your complaint below.

ANY OTHER CONCERN?

SIGNATURE

Name	Signature	Date
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PLEASE RETURN THIS COMPLAINT FORM TO THE DIRECTOR OF STUDENT AFFAIRS

Email: studentaffairs@aum.edu.mt