**COMSATS Institute of Information Technology Vehari**

Mailsi Road off Multan Road, Vehari

**Student Complaints Form**

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| **SECTION A: DETAILS OF STUDENT** |

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| **Student Name:** |
| **Father / Guardian Name:**  |
| **Registration Number:** |
| **Department:**  |
| **Semester:** |
| **Contact No:** |
| **Email Address:** |

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| **SECTION B: DETAILS OF COMPLAINT** |

**Please outline clearly and concisely what you are complaining about and why:**

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| **Please indicate the remedy you are seeking as a resolution to your complaint:** |
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**Signature: Date:**