

UNIVERSIDAD
DE LAS
AMÉRICAS

Ciudad de México



COMPLAINT FORM

Type of complaint

Academic ☐

Professors ☐

Students ☐

Assistance in Services ☐

Facilities ☐

Other ☐

Monitoring Control

Date the complaint is received

Signature of the person handling the complaint

Student number

Date

Full name

Degree and semester that you are currently studying

email

Home phone

Mobile

These data will be used to respond to your complaint. It is necessary that you sign, remind that no anonymous complaint will be processed.

Describes your complaint. It is very useful that you mention the date it happened, the place and the people involved.

<input type="text"/>	SIGNATURE
<input type="text"/>	
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COMPLAINT RESOLUTION DATE: