

**SCHOOL OF BUSINESS MANAGEMENT SCIENCES**

**DEPARTMENT OF ACCOUNTING AND FINANCE**

**COMPLAINT FORM**

Your opinion, as well as expressing complaints, offering remarks and suggestions, are, together, a powerful that the members of staff have at their disposal for continuously monitoring and systematically upgrading the quality of the services provided by the Department.

**Name:** ………………………………………………………………………………………………………..........

**Surname:** ……………………………………………………………………………………………………………

**Role:** …………………………………………………………………………………………………………………..

**Home address:** …………………………………………………………………………………………………..

**Telephone number:** …………………………………………………………………………………………..

**E-mail:** ……………………………………………………………………………………………………………….

Please state clearly and concisely the issues you encountered or your complaint about the services provided (educational, administrative, etc.).

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ANY INACCURACY IN COMPLETING THE FORM RENDERS THE DECLARATION INVALID

Thessaloniki …… / …… / ……

**………………………………. ……….……………………**

 (full name) (signature)