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**University of West Attica**

**DEPARTMENT OF PUBLIC HEALTH POLICY**

**MASTER OF SCIENCE IN PUBLIC HEALTH**

**Complaints and Objections Submission Form**

**COMPLAINTS AND OBJECTIONS SUBMISSION FORM MSc "PUBLIC HEALTH"**

**OF THE DEPARTMENT OF PUBLIC HEALTH POLICY**

The MSc "Public Health" of the Department of Public Health Policies, in its effort to continuously improve the services offered, provides the possibility of filing any complaints related to the quality of the educational and administrative services provided and the general service to students.

STUDENTS SURNAME-NAME: …………………………………………………………………………………......

ID: ……………………………………………………………………………………………………………........

STUDENTS YEAR OF REGISTRATION: …………………

Students academic e-mail: ………………………..........@uniwa.gr

**Description of Complaints- Objections**

Please briefly and clearly state the problem you encountered or your complaint regarding the services offered (educational, administrative, etc.).

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**Possible management suggestions**

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|  | I responsibly declare that I accept the Code of Ethics of the West Attica University |
|  | I declare that I expressly and unconditionally consent to the processing of my personal data for the purpose of managing this request. |
|  | I understand that communication will be kept confidential as provided in the Academic Adviser Regulations. |

Submission Date …………………………

Students signature……..………………….

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| **COMPLAINT MANAGEMENT *(to be completed by the Manager)*** |
| Origin of issue: |
| Actions to Manage the issue: |

Responsible Manager for implementation (e.g. Academic Advisor, PMS Director, Head of Department):

Implementation Date:

[ ]  Students has been informed