



CIPRIANI COLLEGE OF LABOUR AND CO-OPERATIVE STUDIES  
"Contributing to Human Resource Development"  
STUDENT AFFAIRS DIVISION

**REPORT OF STUDENT COMPLAINT**

**COMPLETE AND FILE WITH THE MANAGER STUDENT SERVICES**

1. Name of Student filing report \_\_\_\_\_  
Last First Middle

2. College I.D. \_\_\_\_\_

3. Home Contact: \_\_\_\_\_ Mobile: \_\_\_\_\_

4. Email: \_\_\_\_\_

5. Please describe the specific complaint and attach additional pages if necessary.

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6. Student's Signature \_\_\_\_\_ Date \_\_\_\_\_