

UNIVERSITY OF UYO, UYO SERVICOM UNIT

COMPLAINT FORM

1. Name of Complainant.....
Phone No:.....
E-mail:.....
2. Name of office at which you were aggrieved:.....
3. Name of service window:.....
4. Name of Service Provider at fault:.....
5. State the issue at stake:.....
.....
.....
6. State what date and time the service was to be provided.:.....
7. Did you meet the Frontline Officer at that service window?:.....
8. What was his comment?.....
.....
.....
9. State your expectation on the above issue:.....
.....
.....

.....
Sign

.....
Date: