Complaints Submission Form

To: Center for Education and Lifelong Learning AUTH

Protocol Number.:...................

Name/Surname: ................................................

Identity Card Number: .......................................

Telephone number: ............................................

Email ……………………………………………………………….

Theme: ...............................................................

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

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I declare that I explicitly and unconditionally consent to the processing of my personal data for the purpose of managing my present objection. Additional documents on the matter are attached.

Location…………………

The petitioner...................

*In the event that a false description of facts is found during the complaint investigation process, the complaint will be accepted and further considered.*