



**- PLEASE USE THIS FORM IN MAKING YOUR COMPLAINT -**

*(The information you provide will be used for the purpose of assessing your complaint)*

COMPLAINANT INFORMATION		
Full Name :		
Staff/Matric/IC No. :		
K/C/D/I/O (only applicable to IIUM staff/students) :		
Contact Number :		
Email Address :		
YOUR COMPLAINT		
Nature of Complaint <i>(please tick one box only) :</i>	<input type="checkbox"/> CONCERN	<input type="checkbox"/> OTHER (please specify): .....
	<input type="checkbox"/> DISSATISFACTION	
	<input type="checkbox"/> REPORT ON ALLEGED MISCONDUCT	
Subject of Complaint <i>(please tick one box only) :</i>	<input type="checkbox"/> STAFF OF THE UNIVERSITY	<input type="checkbox"/> OTHER (please specify): .....
	<input type="checkbox"/> MANAGEMENT OF THE UNIVERSITY	
<b>1. Please provide the details of your matter by specifying WHAT, WHO, WHEN, WHERE, WHY and HOW. (kindly use additional pages if necessary)</b>		
<b>2. Have you reported the matter to anyone or any other authority? If so, to whom, when and what were the results?</b>		
<b>3. What do you think the University should do to resolve the matter.</b>		

**4. To support your complaint, kindly attached your supporting documents (if any).**


**HOW DID YOU FIND OUT ABOUT OUR OFFICE (OMBUDS) ?**

<i>Please tick the relevant box :</i>	<input type="checkbox"/> REFERRED BY OTHERS	<input type="checkbox"/> OTHER (please specify): .....
	<input type="checkbox"/> FRIEND	
	<input type="checkbox"/> WEBSITE	

**By filing this form, I hereby declare that the above information is true and is made voluntarily without any bad faith or influence from any party. I will ensure that my participation in this matter will be kept confidential**

Signature: ..... Date: \_\_\_ / \_\_\_ / \_\_\_

**RECOMMENDATION / DECISION FROM  
THE OFFICER IN-CHARGE**


Signature: ..... Date: \_\_\_ / \_\_\_ / \_\_\_

**COMMENT / RECOMMENDATION / DECISION  
FROM THE IIUM OMBUDSMAN**


Signature: ..... Date: \_\_\_ / \_\_\_ / \_\_\_