



**POSTGRADUATE STUDENT'S
SUGGESTION/COMPLAINT FORM**

Student's Details			
Name		ID	
Email		HP No.	
Faculty		Intake	
Programme			
Nature of the suggestion/complaint: <i>Please state the reason(s) why the suggestion/complaint is being made (attach additional sheet, if applicable). Should you have additional supporting documents, please attach with this form.</i>			
I declare that all the information I have provided is true and to the best of my knowledge.			
Signature:			
Date:			
For Office of Postgraduate Studies Use Only			
Received by		Date received	
Action taken			
Date action completed		Signature	

Note: Please submit the hardcopy form to Office of Postgraduate Studies (Level 10, Block G, UCSI University KL Campus); alternatively, you may email the softcopy form to ops@ucsiuniversity.edu.my (Attention to Assistant Manager, Office of Postgraduate Studies).