

Degree Course in Medicine & Surgery in English Language

**FORM
SUGGESTION – COMPLAINT**

LAST NAME _____ FIRST NAME _____

STUDENT ID NUMBER A90/ _____ E-MAIL _____

SUBJECT: REPORT SUGGESTION COMPLAINT APPRECIATION

REASON:

You are informed, pursuant to art. 13 of the D.Lgs. 30/06/2003 n° 196, that the personal data will be processed and used exclusively for the purpose of giving answer to this complaint. By accepting the conditions, you authorize to use this information only for the purposes indicated above and, in the manner, provided by law.

DATE ____/____/____

SIGNATURE _____