



AMERICAN UNIVERSITY OF IRAQ  
SULAIMANI

### APP STUDENT COMPLAINT FORM

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Name of APP teacher you are filing this complaint against: \_\_\_\_\_

Name of APP Course \_\_\_\_\_

Yes, I have emailed or talked to my teacher about this issue.

Date of this meeting: \_\_\_\_\_

Yes, I would like to file an official complaint.

**Explain as clearly as possible what happened. (Please attach all emails to and from the instructor on this matter.)**



**Follow-up notes for the Deputy Director:**

---

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APP Instructor: \_\_\_\_\_

APP Deputy Director: \_\_\_\_\_

APP Director: \_\_\_\_\_