COMPLAINTS AND APPEALS PROCEDURE

To register a complaint, the student must complete the "Complaint Submission Form", briefly, clearly, and objectively describing the problem or complaint. The form must be submitted electronically to the Academic Advisor's email address, with a simultaneous carbon copy (CC) sent to the Postgraduate Program Secretariat's email address in order to receive a protocol number.
In cases where the complaint or appeal concerns the Academic Advisor themselves (e.g., complaints or serious personal reasons for which the student wishes to change their Academic Advisor), the complaint/appeal form must be submitted to the School Secretariat's email address, addressed to the Coordinating Committee of the Postgraduate Program.
For complaints to be admissible, they must fulfill the following criteria:

1. They must not be anonymous (must include the student's name),
2. They must be described in a clear and concise manner,
3. They must not contain abusive language, and
4. They must be submitted within thirty (30) days from the date on which the incident causing the complaint occurred.

Furthermore, it is possible for the Academic Advisor to maintain the student's anonymity if explicitly requested in the "Complaint Submission Form" (at the end of the description of the problem/complaint), and solely provided that the investigation of the report can be conducted without disclosing the applicant's personal information.
After reviewing the student's complaint along with any supporting material, the Academic Advisor takes the appropriate actions. Within a reasonable period of time, the student is duly informed regarding the actions taken, the overall handling since the submission of the form, and the relevant proposed solution.

POSTGRADUATE PROGRAM (MSc) "ADVANCED PEDIATRIC NURSING CARE"

SCHOOL OF HEALTH SCIENCES
DEPARTMENT OF NURSING

Postgraduate Program (MSc): Advanced Pediatric Nursing Care
Specialization:
……

Complaint or Appeal Form

First Name: ……
Last Name: ……
Student Registration Number (ID): ……
Phone Number: ……
Email: ……
Description of Complaint:

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POSTGRADUATE PROGRAM (MSc) "ADVANCED PEDIATRIC NURSING CARE"

Have you already discussed the above with your Academic Advisor and/or with a Professor from the Postgraduate Program?

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If yes, please state the outcome:

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If there is any relevant correspondence regarding this matter to date, please attach the corresponding files.
The situation will be satisfactorily resolved for you when:

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Date: ……
(Full Name / Signature)