**UNIVERISTY OF PELOPONNESE**

**School of Management**

**Department of Accounting and Finance**

**COMPLAINT SUBMISSION FORM**

Your opinion, as well as the formulation of complaints, observations and comments on your part, are for the members of the Department the most dynamic tool for the continuous monitoring and systematic upgrading of the quality of the educational services provided to those dealing with the Accounting Department and Finance.

Full name: ……………………………………………………………………

Father's name: …………………………………………………………………..………………

Capacity: …………………………………………………………………………….………

Address: …………………………………………………………………………….…….

Contact Phone: …………………………………………………………………….…….

Electronic address (E-mail): ……………………………………………………

Please clearly and briefly state the issues you faced or your complaint regarding the services provided (educational, administrative, etc.)…………………………………………………..…………………………………………………… ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I have been informed about the European Regulation 2016/679 (General Data Protection Regulation, GDPR) which was passed on 27.04.2016 and comes into force on 25.05.2016 and I give my consent to the processing of my personal data exclusively for the purpose of managing of this complaint submission.

ANY INACCURACY IN COMPLETING WILL MAKE THE DECLARATION UNACCEPTABLE

Kalamata ……….…… /……………… / ………………..……..

……………………………………………………………… (Full name)

…………………………….……. signature)