AMERICAN UNIVERSITY OF IRAQ, SULAIMANI
الجامعة الأمريكية في العراق، السليمانية | زانکۆی ئەمریکی لە عێراق، سلێمانی

Student Complaint Form

AUIS / ACADEMIC PREPARATORY PROGRAM

Use this form to raise a concern about an APP course or experience. Describe the concern factually and attach relevant supporting documents. Complete the sections that apply.

1 / STUDENT AND COURSE INFORMATION

Student name: _____	Student ID: _____
Date submitted: _____	AUIS email / preferred contact: _____
APP course: _____	Instructor (if applicable): _____
Term / academic year: _____	Complaint reference (office use): _____

2 / CONTACT AND SUBMISSION ROUTE

Where appropriate, **students are encouraged to discuss the concern with the instructor first**. You may submit directly to the APP Director if contacting the instructor is uncomfortable, inappropriate, or unsafe, or if the concern is urgent.

☐ Discussed with instructor ☐ Emailed instructor ☐ Not contacted instructor

Date(s) of contact: _____	Instructor response / outcome: _____

☐ Requesting an official review ☐ Seeking guidance before deciding whether to file

IF YOU DID NOT CONTACT THE INSTRUCTOR, EXPLAIN WHY (OPTIONAL)

3 / TYPE OF CONCERN

☐ Teaching / course delivery ☐ Communication ☐ Assessment / grading ☐ Classroom conduct ☐ Administrative process

☐ Other: _____

DESCRIBE WHAT HAPPENED

Include dates, locations, relevant people, and a factual account. Avoid assumptions; attach additional pages if needed.

WHAT STEPS HAVE ALREADY BEEN TAKEN, AND WHAT WAS THE OUTCOME?

WHAT RESOLUTION OR OUTCOME ARE YOU REQUESTING?

4 / SUPPORTING DOCUMENTS AND STUDENT ACKNOWLEDGMENT

☐ Emails / messages ☐ Assignment or assessment ☐ Relevant policy / instructions ☐ Other: _____

I confirm that the information provided is accurate to the best of my knowledge. I understand that the office may need to share relevant information with people involved in reviewing or resolving the concern.

Student signature: _____	Date: _____

APP INTERNAL USE ONLY — REVIEW AND FOLLOW-UP

APP Instructor: _____	Date: _____
APP Director: _____	Date: _____