



REPORTS AND COMPLAINTS

Form to submit advice, suggestions, reports, complaints to EDiSU Pavia

COMPILATION DATE: _____

Report/complaint presented by:

☐ employee ☐ student ☐ supplier ☐ other (specify): _____

Name: _____ Surname: _____

Address (e-mail, phone): _____

Service / Office involved

☐ Procurement Office
☐ Economic Benefits Office

☐ College
☐ Other _____

Object (describe in detail the reasons for the complaint/disservice by indicating the place, date and time)

Suggested solution

Refund

If you detect non-compliance with the quality standards guaranteed by EDiSU, contained in the Charter of Services currently in force, and you want to request the relevant refund, please: tick the box below, indicate the reasons in the "Subject" section of this form and sign at the bottom.

☐ The undersigned requests to benefit from the reimbursement provided for by the Services Charter for failure to comply with the quality standards guaranteed by EDiSU

Signature _____

By EDiSU Pavia

Name of the person receiving the complaint or report: _____

RECEPTION DATE _____