Inter'Cmerican'Wpkxgtuk{'qh'Puerto Rico
Arecibo'Eco rwu
Decp'qh'Cecfgoke'Chhctu'Qhhkeg

Eqo rnckpv'Ocpcigogpv

A. Student Information

Name and Surname: _____
                     Name   Middle name   Surname

Date: _____ Student ID Number: _____

Address: _____
           Street, Box, P.O. Box

_____
   City   State   Zip Code

Phone number: ( ) _____ E-Mail: _____

If the complaint is of academic nature, please fill sections B and C

B. Information about the course

Course: _____ Title: _____ Section: _____

Professor's Name: _____

C. Claim

Explain the situation in specific detail:

Ukipcwtg< _____ *Fcvg<* _____