

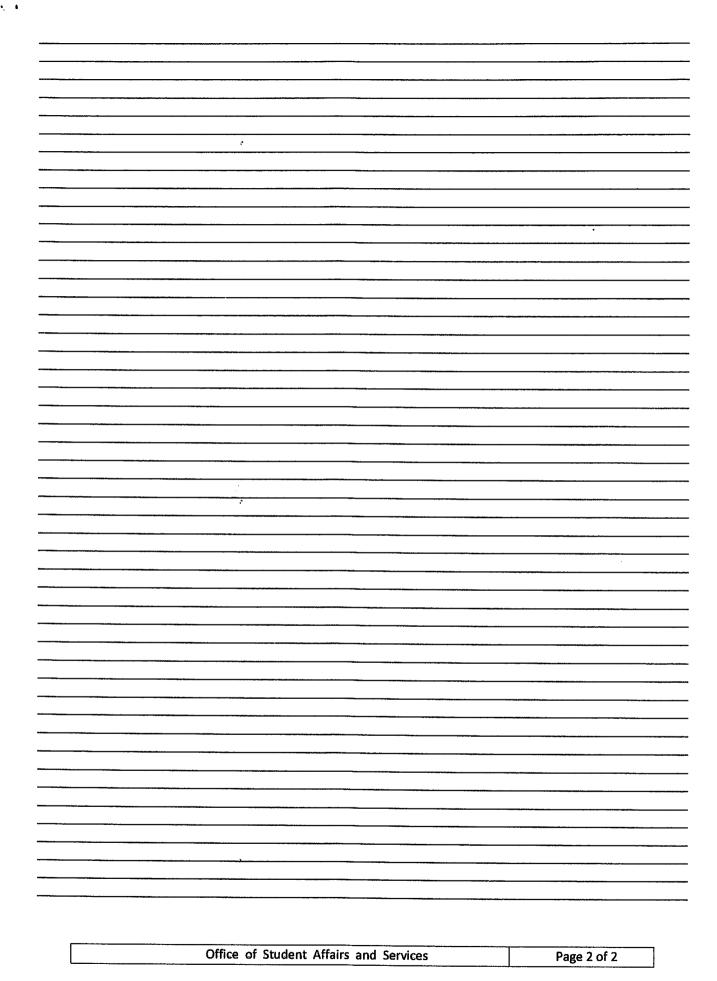
Republic of the Philippines

University of Southeastern Philippines
Iñigo St., Bo. Obrero, Davao City 8000
Telephone: (082) 227-8192 Website: www.usep.edu.ph Email: president@usep.edu.ph

Form No.	FM-USeP-HSC-0	
Issue Status	02	
Revision No.	01	
Date Effective	01 March 2018	
Approved by	President	

STUDENT COMPLAINT FORM

Name :	Date :
Designation:	
Office/College:	
COMPLAINT INFORMATION:	
Date of Incident:	Time of Incident:
Location of Incident:	
Name of the Person BEING Complained:	
Designation of the Person BEING Complained:	
Details:	
77	
ø	
Indicate witnesses of Incident (If applicable): 1	3
I hereby swear that the complaint and statements hereund	er are true and unbiased.
Respectfully,	
(Signature over printed name)	
ATUS/REMARKS	
	OCAC CdiA
>	OSAS Coordinator
Office of Student Affairs and Services	Page 1 of 2





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LETTER OF RESPONSE

Name:	Date:
Designation:	
Office/College:	
COMPLAINT INFORMATION:	
Date of Incident:	Time of Incident:
Location of Incident:	
Details:	
(NOTE: continue on page 2 if necessary)	
Respectfully,	
ă.	
(Signature over printed name)	
STATUS/REMARKS	
	OSAS Coordinator
Office of Student Affairs and Services	Page 1 of 2

