

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form		Ref No.: TUM/Form/PCC/004
	Title: COMPLAINTS FEEDBACK FORM		
	Department: PUBLIC COMPLAINS COMMITTEE		
	Issue No. 1	Revision No. 0	Date: 21st August 2019

PART 1 Complaint's Details

1. Full name
2. Gender Male () Female ()
3. Students Reg. No. /Staff PF No. /Others ID. No.

PART II Nature of the complaints

1. What was the nature of your complaint?
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2. Which Department/Section or Member of Staff/Student have you complained about
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PART III Customer Satisfaction

1. How satisfied or dissatisfied are you with the way the Public Complaints Committee handled your complaint?
 - Very satisfied
 - Fairly satisfied
 - Neither satisfied nor dissatisfied
 - Fairly dissatisfied
 - Very dissatisfied
2. How satisfied or dissatisfied are you with the outcome of your complaint?
 - Very satisfied
 - Fairly satisfied

- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

3. Do you consider the matter resolved?

Yes

No

4. How could we improve the way we handle complaints?

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5. Please give your comments

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NOTE: If you are not satisfied with the resolution given by the PCC, you are advised to lodge the issue with the Public Complaints Standing Committee (The Ombudsman) for redress

6. Contact Information

Telephone.....

Email

Signature Date