

UNIVERSITY OF ILORIN, ILORIN OFFICE OF THE VICE CHANCELLOR SERVICOM UNIT

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CLIENT COMPLAINT FORM

University of Ilorin strives to provide you with the highest level of service at all times. If we fail to meet up with your expectations, please feel free to contact us. Your satisfaction is our utmost priority.

A. YOUR DETAIL
Name of person making a compliant:
Contact Address:
Phone Number:E-mail Address:
B. COMPLAINT DETAILS:
Date :Time:
What is the subject of the complaint?
Any other details, please. (Add extra pages and attach copies of relevant documents)

Name	Signature	
NOTE: All personal details remain CONFIDE	NTIAL	
Complaint will be acknowledged within two (2) working days of receipt and resolution within seven (7) days.		
Complaint Received by:		
Signature:	Date:	
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