



Tanzania Ports Authority

BANDARI COLLEGE DAR ES SALAAM

COMPLAINTS FORM AGAINST EXAMINATION RESULTS

Students Name.....

Examination Number.....

Programme.....

Academic Year..... Contact/Phone Number.....

Nature of complaints:

MODULE NAME	MODULE CODE	CW/SE/SUPP	Instructors name

Please explain briefly the nature of the complaints:

.....  
.....  
.....

Students signature..... Date submitted.....

**FOR OFFICIAL USE**

MODULE NAME	MODULE CODE	CW	SE/SUPP	TOTAL	Instructors name

Solution/Action taken

.....  
.....  
.....

SIGNATURE ..... DATE.....

For: PRINCIPAL  
BANDARI COLLEGE, DAR-ES-SALAAM  
TANZANIA PORTS AUTHORITY