



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:

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

FOR OFFICIAL USE

MODULE NAME	MODULE CODE	CW	SE/SUPP	TOTAL	Instructors name

Solution/Action taken

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.....
.....

SIGNATURE DATE.....

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