

Μονάδα Προσβασιμότητας



Complaints and Suggestions Form for Accessibility Issues at the University of Athens

| Protocol number (To be filled out by Accessibility Unit's staff): | | | | |
|---|-----|----|----------------------|--------------|
| Date (To be filled out by Accessibility Unit's staff): | | | | |
| Have you filled in the ReF form (Activity and Participation Restrictions' Registration Form for Students with Disabilities, Disorders, Learning Difficulties or Chronic Diseases)? | Yes | No | | |
| This form should be sent by e-mail to access@uoa.gr . Yes arrow keys on the keyboard. In case you are unable to fi | | | | |
| Date (DD/MM/YYYY): | | | | |
| Name: | | | | |
| Surname: | | | | |
| Home Phone Number: | | | | |
| Mobile Phone Number: | | | | |
| E-mail address: | | | | |
| Department/Faculty: | | | | |
| Report your Complaint, Suggestion or Problem (please provide deta exact location or any additional information you consider necessary | | | vent, names of anyor | ne involved, |
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| Name and Surname of the Editor: | | | | |
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