



## DMTA F-10 STUDENT COMPLAINT FORM

*Please use this form to submit a complaint regarding any issue related to your experience as a student.*

**Full Name**

**Email Address**

**Phone Number** *(Please enter valid number)*

**Student ID**

+255 766 288 288  
+255 672 288 208

[www.dmta.ac.tz](http://www.dmta.ac.tz)  
[info@dmta.ac.tz](mailto:info@dmta.ac.tz)

P.O. Box 3625, Uhuru Street,  
Plot no 2035, Block 155  
Dar es salaam



### Complaint Description

*(Please describe your complaint in detail. Include the **names of person(s)**, locations, and **dates involved**. If this complaint is against specific person(s), please list their names and titles)*

What attempts have you made to resolve this complaint up to now? Please state who you contacted and what



+255 766 288 288  
+255 672 288 208



[www.dmta.ac.tz](http://www.dmta.ac.tz)  
[info@dmta.ac.tz](mailto:info@dmta.ac.tz)



P .O. Box 3625,Uhuru Street,  
Plot no 2035, Block 155  
Dar es salaam