



## FEEDBACK FORM

### Your details

Are you a : Current Student / Pass Student / Staff Member / Parent / Member of Public

Title : Dr / Mrs. / Ms. / Mr. / Miss / Professor

Name :

Contact No :

Email :

### Feedback Information

Please tell us about your feedback in detail. If necessary, kindly attach additional sheets along with any documentation that will help describe or substantiate your feedback.

I understand that information contained in this form will be held confidential to the next extent possible. Information may be shared with university officials or other relevant personnel in order to conduct a thorough investigation. I hereby declare that the information provided is misrepresentation may result in disciplinary/legal actions.

**Signature**

**Date**



## FEEDBACK FORM

### FOR OFFICE USE ONLY

Feedback Received by :

Date Received :

Feedback Sent to :

Date Sent :

What action has been taken?

Follow-up action required? (Please indicate if the feedback has been resolved)

Administrator Signature