



Feedback and Complaint Form

Our Ref. : _____
(For Official Use)

Section A: To be filled by Complainant (the person filing the complaint)

Name:		NRIC / Passport / Student ID:
Relationship:	Student / Parent / Staff / Others: _____	
Contact:	Tel / HP : _____ Fax. : _____ / E-mail : _____	
Date of Incident:	Time of Incident:	
Summary of Complaint:		
Signature of Complainant		Date
(For Office Use Only) Proposed action to resolve complaint within 72 hrs:		
Parent / Guardian / Student Response: <input type="checkbox"/> Agree to the proposed action <input type="checkbox"/> Do not agree to the proposed action (Proceed to Section B below)		
Signature: Parent / Guardian / Student		Staff Name & Signature
Date:		Date:

All the information obtained in this form will be kept confidential and for internal use only. Consent will be sought from the student should particulars of the students be used for purposes other than internal marketing and billing.



Submitted to	
Name of Manager: _____	Designation of Manager : _____
Investigation results and action taken summary: (to resolve within 21 days)	
Parent / Staff / Student Response: <input type="checkbox"/> Agree <input type="checkbox"/> Do not agree to the proposed Action (Proceed to Mediation channel)	
Signature: Parent / Guardian / Student / Staff	Staff Name & Signature
Date:	Date: