

Feedback and Complaint Form

Name : _____ Intake: _____ Class : _____ E-mail : _____ Contact : Mobile (HP): _____ Home/Office: _____	Course Title : _____ _____ _____
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SECTION 2: FEEDBACK TYPE (Please Tick x in box below)

Stakeholder	<input type="checkbox"/> Staff	<input type="checkbox"/> Student	<input type="checkbox"/> General Public
Nature of Feedback	<input type="checkbox"/> Compliment	<input type="checkbox"/> Feedback	<input type="checkbox"/> Complaint
Area of Feedback	<input type="checkbox"/> Academic	<input type="checkbox"/> Facilities	<input type="checkbox"/> Student Support <input type="checkbox"/> Others

SECTION 3: FEEDBACK

Description of Feedback	Suggestions for Improvements

Signature	Date
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SECTION 4: FOR OFFICIAL USE ONLY

Receipt of Feedback/Complaint

through

☐ Verbal

☐ Written

(Including acknowledgement – within 3 working days
Respond/address the concerns within 7 working days)

Received by :

Name : _____ Designation : _____

Signature : _____ Date : _____

Follow-Up – (All Feedback/Complaints shall be resolved within 21 working days)

Action(s) taken : _____

Performed by Name : _____ Department/Designation: _____

Signature : _____ Date : _____

SECTION 5: OUTCOME ACKNOWLEDGEMENT (IF APPLICABLE)

Outcome : ☐ Satisfied ☐ Not Satisfied

Date : _____

Remarks (If any) : _____

Name : _____ Signature : _____