

## Feedback and Complaint Form

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

- |                           |                                     |                                     |  |
|---------------------------|-------------------------------------|-------------------------------------|--|
| <b>Stakeholder</b>        | <input type="checkbox"/> Staff      | <input type="checkbox"/> Student    | <input type="checkbox"/> General Public                                  |
| <b>Nature of Feedback</b> | <input type="checkbox"/> Compliment | <input type="checkbox"/> Feedback   | <input type="checkbox"/> Complaint                                       |
| <b>Area of Feedback</b>   | <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

**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 : \_\_\_\_\_

Outcome :  Satisfied  Not Satisfied

Date :

SECTION 5: OUTCOME ACKNOWLEDGEMENT (IF APPLICABLE)

Remarks (If any) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name : \_\_\_\_\_ Signature : \_\_\_\_\_