

FEEDBACK FORM

Ref No. : C2-F08
Rev No. : Rev 03
Effective Date : 24 September 2018

Section 1: Particulars

Name :

Student NRIC/
FIN No. :
(if applicable)

Designation :
(if applicable)

Section 2: Feedback Type

Stakeholder Staff Student General Public Others (please specify): _____

Nature of Feedback Compliment Feedback Complaint

Area of Feedback Academic Facilities Student Support Others

Section 3: Feedback

Description of Feedback	Suggestions for Improvements

Signature

Date

Section 4: For Official Use Only

Receipt of Feedback
(Including acknowledgement)

Received by : _____
Name : _____ **Designation** : _____
Date : _____ **Signature** : _____

Follow-Up

Action(s) taken : _____
Performed by : _____ **Designation** : _____
Date : _____ **Signature** : _____

Section 5: Outcome Acknowledgement by Stakeholder (If Applicable)

Outcome : Satisfied Not Satisfied
Date : _____
Remarks (If any) : _____

Name : _____
Signature : _____