

Ref No. : C2-F08
 Rev No. : Rev 00
 Issue Date : 17 June 2014
 Effective Date : 17 June 2014

Section 1: Particulars

Name :

Student ID
(if applicable) :

Designation
(if applicable) :

Section 2: Feedback Type

Stakeholder Staff Student General Public
 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 3: 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 4: Outcome Acknowledgement (If Applicable)

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

Name : _____
Signature : _____