Feedback Form

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

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 (IF APPLICABLE)

Outcome : ☐ Satisfied ☐ Not Satisfied

Date : _____

Remarks (If any) : _____

_____

_____

Name : _____ **Signature :** _____