

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 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 (IF APPLICABLE)

Outcome : Satisfied Not Satisfied

Date : _____

Remarks (If any) : _____

Name : _____ **Signature** : _____