



FEEDBACK FORM

V10.01.01.FBF

(Note: For Student Grievances, please use the Student Grievance Form instead)

Name (Optional):	Visitor/Student or Staff No:	<input type="checkbox"/> Suggestion; or <input type="checkbox"/> General Complaint
Contact: Email:		Sign / Date:

Your Suggestion(s) or Issue(s): (Please suggest your ideas of improvement, or for complaints, describe clearly the incident or issue as well as any parties involved.)

For Official Use:

Comments, Recommendations or Action (s) to be Taken:

Reviewed By:	Total Time Taken:
Student Affairs Officer Sign/date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Discussion required with _____ <input type="checkbox"/> Support submission to _____
Dean / Head of Faculty Sign/date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Discussion required with _____ <input type="checkbox"/> Support submission to _____
Board of Directors Sign/date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Discussion required with _____ <input type="checkbox"/> Support submission to Finance Department
Finance Department (If necessary) Sign/date	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved