

Student Feedback Form
(Feedback including Compliment and Complaint)

Name:	NRIC/FIN No./Student ID:
Contact No.:	You are a Student/Parent/Guardian/Others: _____
Date of Incident:	Time of Incident:

SECTION A

Person(s) involved (if any): Summary of the feedback/incident: 	Date of reporting
Student's Signature:	

(For Official Use Only)

Acknowledgement of feedback must be within 7 working days. Name of office staff: Remarks/action taken: 	Parent / Guardian / Student Response on the action taken: <input type="checkbox"/> Agree to the action and no more follow-up required. <input type="checkbox"/> Do not agree to the action taken (Proceed to Section B of this Form)
Staff's Signature:	Date/time:

SECTION B

Submitted to	
Name of HOD: _____ Department: _____	
Investigation results and action taken summary (to resolve within 21 days)	
HOD's Signature:	Date of reporting
Acknowledgement of proposed action by:	Student / Parent / Guardian responses on the action taken:
Student / Parent / Guardian	<input type="checkbox"/> Agree to the action and no more follow-up required.
Signature: _____ Date/time: _____	<input type="checkbox"/> Do not agree to the action taken (Proceed to Mediation Channel)
Name: _____	