

Feedback Form

Note

This survey is aimed at continual improvement of SHRM College. All feedback will be carefully considered and kept strictly confidential. Thank you for your feedback!

Section 1: Particulars

Name :

Student ID :

Email Address :

Section 2: Feedback Type

Stakeholder Staff Student General Public

Nature of Feedback Compliment Feedback Complaint

Area of Feedback Academic Facilities Student Support Others

Section 2: Feedback Type

Description of Feedback	Suggestion for Improvements

Signature

Date

FOR OFFICIAL USE ONLY

Section 4: Receipt of Feedback

(Including acknowledgement of feedback to student)

Received by :

Designation :

Date :

Signature

Section 5: Follow-Up

Action(s) taken :

Performed by :

Designation :

Date :

Signature

Section 6: Student Acknowledgement

Satisfied

Not Satisfied

Date:

Remarks: