

Feedback and Complaint Form

Section A: To be filled by Complainant (the person filing the complaint)

Name:		NRIC / Passport / Student Pass No:
Relationship:	Student / Parent / Guardian / Others: _____	
Contact:	Tel / hp : _____ Fax. : _____ / E-mail : _____	
Date of Incident:	Time of Incident:	
Summary of Complaint:		
Signature of Complainant		Date
<p>(For Office Use Only) Proposed action to resolve complaint within 24 hrs:</p>		
<p>Parent / Guardian / Student Response:</p> <p><input type="checkbox"/> Agree to the proposed action</p> <p><input type="checkbox"/> Do not agree to the proposed action (Proceed to Section B below)</p>		
Signature of Parent / Guardian / Student		Staff Name & Signature

All the information obtained in this form will be kept confidential and for internal use only. Consent will be sought from the student should particulars of the students be used for purposes other than internal marketing and billing.

