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## **Feedback Form**

1. Your details							
Name							
Address							
Contact	Mobile			Email			
2. Please indic	ate the nature o	f the FEEDB	ACK. (Please ti	ck one)			
□Compliment □Suggestion □Complaint □Others							
3. Please indicate who or what this FEEDBACK is for. (Please tick one)							
□Service □Staff □Course □Facility □Others, please state.							
4. Have you discussed your matter with a staff member?							
□Yes							
♦ Please indicate date of FEEDBACK							
◆ Please state name of Staff Member     ◆ Please state outcome							
□No – Proceed to Question 5  5. Please give details of your FEEDBACK and the OUTCOME you are seeking.							
Feedback:							
i eeuback.							
Suggested outcome:							
Recorded by:		Da	te received:		Time re	ceived:	
For official use:							1
Feedback review	meeting						
Date Reviewed:		Risk Catego	ory: High/Low	Ass	igned to:	Date:	
Actions taken							
Actual resolution date:							
I am hereby satisfied with the solution provided by OSAC International College.							
Signature by comp	plainant that all is	resolved:	<u> </u>	Ву:			
Privacy Notice:  ◆ The information provided on this form will be used by Management of OSAC International College to follow up your feedback, suggestion, enquiry or complaint.  ◆ The information may be provided to the departmental staff who is in a position to remedy your complaint.  ◆ The provision of this information is voluntary.  ◆ This information will be stored securely.  ◆ You may correct any personal information provided at any time by contacting the person to whom you submitted this form to.							