

Doc Ref: FC01 Version 1.0

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Our Ref. :
(For Office Use)

## **Feedback and Complaint Form**

Section A: To be filled by Complainant (the person filing the complaint) NRIC / Passport / Student Pass No: Name: Student / Parent / Guardian / Others: \_\_\_\_\_ Relationship: Contact: Tel / hp : \_\_\_\_\_ Fax. : \_\_\_\_\_\_/ E-mail : \_\_\_\_\_ Date of Incident: Time of Incident: Summary of Complaint: Signature of Complainant Date (For Office Use Only) Proposed action to resolve complaint within 24 hrs: Parent / Guardian / Student Response: ☐ Agree to the proposed action ☐ Do not agree to the proposed action (Proceed to Section B below) 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.



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MT Signature

Section B - For Office Use Only	
Submitted to	
Name of MT:	Designation of MT :
Investigation results and action taken summary: (to r	esolve within 20 days)
Parent / Guardian / Student Response:	
☐ Agree ☐ Do not agree to the proposed Action (Proceed to Mediation channel)	

Signature of Parent / Guardian / Student