

STUDENT'S FEEDBACK FORM

CONFIDENTIALITY CLAUSE

All information you have provided will be kept confidential and used solely for communicating with you and investigation purposes.

Important: BITC will address to the feedback/complaint with valid information such as name, NRIC/FIN no., contact no., course code and signature etc. Otherwise the feedback/complaint will be deemed as anonymous.

Part A: Contact / Feedback / Complaint Information

Name of Student: (Mr/Mrs/Mdm/Ms)	Date:	Contact No:
Course/Module:	Course Code:	NRIC/FIN:

Details of Feedback/Complaint (please attach additional pages if space is insufficient):

Please attach the supporting document (if any).

Student's Signature

Date

Part B: Office Use Only

Feedback Reference No. :

[Large empty greyed-out area for feedback reference number]

1. Received by:	2. Date received :	3. Time received : am/pm
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4. Can Feedback/Complaint be resolved immediately? Yes No
(If "Yes", go to 5, if "No", please inform Management immediately to address the problem)

5. Please state how feedback was resolved and proceed to Part C.

Part C: For Management

6. Received by:	7. Date Received:	8. Time received: am/pm
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