

Feedback form

Log No.

FEEDBACK FORM

Date :

This form must be completed on receipt

Name of parent, carer or student:

Name of student (if applicable):

Name of staff member (if applicable):

Department:

Job title:

Please give details of your feedback and suggestions:

How would you like this issue to be taken forward?

Date/s of incident (if appropriate):

Time/s

For office use only

Action taken:

Written papers attached?

Yes/No

Acknowledgement letter attached?

Yes/No

Response attached?

Yes/No

Name :

Date :

Signed :

PLEASE RETURN THIS FORM TO RECEPTION