



JE EDUCATIONAL COLLEGE PTE LTD

(A Member of JE Educational Group)

Registered with the Singapore Ministry of Education Since 1987

STUDENT FEEDBACK FORM

STUDENT PARTICULAR(S)

Student Name (Optional): _____ I/D No: _____ Tel: _____

Course of Study : _____

Address : _____

Email : _____

Date : _____

FEEDBACK (Please tick your feedback/complaint)

Nature of Feedback:

Compliment Suggestion Enquiry Complaint Others

Description:

For Office Use Only

Mechanism of Feedback (Please tick) :

Face to Face Phone Fax Email Suggestion Box

Feedback on: Facilities Trainers Course Admin. Staff

Others: _____

Time taken for initial response : ____ **days.**

Contact Student/Guardian/Parents : **Yes / No**

Mode of contact : Phone Fax Email

Date: _____

Action taken by: _____
(Name/Date)

OUTCOME (Please tick)

Resolved Not Resolved

Time taken to resolve feedback : ____ **days.**

Alternative Solutions if feedback cannot be resolved: _____

JE is Committed to maintaining the Confidentiality of Student's personal particulars and undertakes not to divulge the information to any third party unless required by law or other statutory regulations.

Student Feedback Form Ver. 2/JE (Updated 28/02/10)

