



FEEDBACK FORM

Date: _____

FEEDBACK INFORMATION

Feedback Contributor: *(please tick accordingly)*

☐ Student Name: _____ Student ID No.: _____

Course: _____ Contact No.: _____

☐ Staff / Other Stakeholders Name: _____ Contact No.: _____

Department/Organisation: _____

Curtin Email Address: _____

Personal Email Address: _____

Nature of Feedback: *(please tick accordingly)* ☐ Compliment ☐ Complaint ☐ Information

Details of Feedback: *(attached supporting documents if applicable)*

Confirmed by feedback contributor: _____ (Signature)

RESPONSE ACTION

Received By: _____ Date & Time Received: _____

Feedback acknowledged within 2 working days ☐ YES ☐ NO Date & Time acknowledged: _____

Actions to resolve feedback:

Action by: _____ Due Date: _____
(Signature / Name)

Approved by: _____
(Signature / Name / Designation)

Feedback resolved on _____ within _____ working days.

CASE CLOSURE

Name: _____ Designation: _____

Date: _____ Signature: _____

☐ Justification of closure ☐ Further action required *(please tick accordingly)*

PRIVACY STATEMENT

At Curtin Singapore, the privacy of our students, staff and the people we deal with is very important to us. Much of the information that the University collects in order to provide the services that it does, is personal information.