



# PUNNIYA LANGUAGE & COMPUTER CENTRE

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## STUDENT FEEDBACK FORM

Date:

Name of Students : .....

Passport / NRIC / FIN : .....

Email : .....

Address : .....

Course Name : .....

**Please indicate the Nature of feedback (Please tick the appropriate box)**

Suggestion

Complimentary

Complaints

Enquiry

**Please give details of your feedback:**

**FEEDBACK:** .....  
.....  
.....  
.....

Recorded By: \_\_\_\_\_

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

**FEEDBACK REVIEW MEETING:**

\_\_\_\_\_

**ACTIONS**

**TAKEN:** .....  
.....  
.....

**Signature by Complainant that all is resolved:**

\_\_\_\_\_

**Actual Resolution Date:**

**By:**