

GENERAL FEEDBACK FORM

We value and appreciate your feedback. Your feedback will enable us to work on improving our service quality and facilities. Please take some time to share with us your views, comments and suggestions. Upon completion, please drop this form in the Feedback Box at Reception. Thank you.

1. Which service does your feedback relate to??

Department / Area

- Reception Admission Student Services
 Finance Facilities Cafeteria
 Others, please specify: _____

2. How would you rate our service in terms of:

Quality	Excellent	Good	Average	Acceptable	Poor
	5	4	3	2	1
Promptness					
Courtesy/Attitude					
Personalised Attention					
Willingness to Help					

3. Please share your suggestions / comments with us.

4. Name of staff who attended to you and comments (if any):

5. Personal particulars

Please provide us with the following information so that we can attend to your feedback and provide you with the resolution. All information disclosed will be strictly confidential.

Name: _____ Email: _____
 Name of child(ren): _____ Year(s): _____
 Date/Time of visit: _____
 Contact No.: (M) _____ (H) _____