GENERAL

REF NO.: GEN - FBF -

REV NO.: 002



FEEDBACK FORM

DETAILS			
Date:			
Department Concerned:			
O Finance	O Human Resource	O Operations	
O Academic	O Student Support	O Marketing	
O Others (please specify):			
FEEDBACK			
Please state clearly what you are providing feedback about and suggestions for action to be taken (if any):			
Please leave your contact details if you would like us to get in touch with you for further clarification			
DEDCOMAL DADTICH ADC			

PERSONAL PARTICULARS			
Name:			
Contact Number:			
Email:			



To be completed by the Management of June's Beauty School.

ACKNOWLEDGED BY MANAGER/HOD	CONCURRED BY PRINCIPAL	RECORDED BY DEPARTMENT	
Name:	Name:	Name:	
Dept:	Date:	Dept:	
Date:		Date:	
FOR OFFICIAL USE ONLY			
Action Taken:			