

Feedback Form

Nature Care College welcomes feedback. To provide your suggestions, compliments or complaints we encourage you to complete this Feedback Form. Nature Care College uses the feedback we receive as part of our commitment to Continuous Quality Improvements (CQI). In providing your comments your feedback is a valued and integral part of the Colleges CQI process.

Your feedback will be distributed to the relevant staff member. The staff member will contact you to acknowledge receipt of your feedback and discuss a response time if applicable.

SECTION 1: Details

Date:	Form No.:
Name:	Student ID:
Phone/Contact #:	Course:
Date Received	Received By
SECTION 2: Comments please feel free to attach correspondence	
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OFFICE USE ONLY: Photocopy Feedback Form, distribute copy to relevant staff member, file original in Feedback Form Folder	
SECTION 3: Feedback is: Academic	or Non-Academic
Referred to: Employee Name:	Employee Title:
Comments	

OFFICE USE ONLY

ACADEMIC NON-ACADEMIC □ Referred to Department Head Student and Learning Services Manager Comment Comment Action Taken_____ Action Taken_____ Signed_____ Signed_____ Date_____ Close Out Has the originator been advised? Yes □ Close Out Has the originator been advised? Yes □ Date advised:_____ Date advised: ___ Details have been entered on the student's computer file \Box Details have been entered on the student's computer file \Box Attach copy of correspondence if applicable Attach copy of correspondence if applicable □ Non-Academic Appeals Committee □ Referred to Faculty Head Comment _____ Comment Action Taken____ Action Taken_____ Signed Signed____ Date Date Close Out Has the originator been advised? Yes □ Close Out Has the originator been advised? Yes □ Date advised:___ Date advised: _____ Details have been entered on the student's computer file $\ \square$ Details have been entered on the student's computer file $\ \square$ Attach copy of correspondence if applicable Date advised: ___ □ Academic Appeals Committee Attach copy of correspondence if applicable Comment _____ Action Taken Signed Date Close Out Has the originator been advised? Yes □ No 🗆

Date advised:____