

AMITY GLOBAL INSTITUTE

FEEDBACK FORM

Please tick accordingly; * Delete where not applicable

PART A FEEDBACK INFORMATION						
Nature of Feedback <input type="checkbox"/> Compliment <input type="checkbox"/> Complaint <input type="checkbox"/> Suggestion						
<input type="checkbox"/> Student	Name				Student ID	
	Course				Intake	
	Contact Details	Mobile		Email		
<input type="checkbox"/> Staff / Other Stakeholders*	Name					
	Company / Department *					
	Contact Details	Mobile		Email		
Details of Feedback: (attach supporting documents if applicable) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <div style="display: flex; justify-content: space-between;"> Signature _____ Date _____ </div>						

PART B RESPONSE ACTION				
Received by			Date & Time Received	
Feedback acknowledged within 3 working days? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Action taken to resolve feedback: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>				
Action by			Signature	
Designation			Due Date	
Approved by			Signature	
Designation			Date	
Feedback resolved on _____ within ____ working days.				

Note: All Information provided to Amity will be kept strictly confidential except for those required under statutory requirements and by government authorities and relevant university partners and accreditation bodies as part of the regulatory or course requirements.

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PART C		CASE CLOSURE	
Name of Staff		Signature	
Designation		Date	
<input type="checkbox"/> Justification of Closure <input type="checkbox"/> Further Action Required			
<hr/>			
<hr/>			
<hr/>			

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