



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*

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

Referred to Department Head

Comment _____

Action Taken _____

Signed _____

Date _____

Close Out Has the originator been advised? Yes
No

Date advised: _____

Details have been entered on the student's computer file

Attach copy of correspondence if applicable

Referred to Faculty Head

Comment _____

Action Taken _____

Signed _____

Date _____

Close Out Has the originator been advised? Yes
No

Date advised: _____

Details have been entered on the student's computer file

Attach copy of correspondence if applicable

Academic Appeals Committee

Comment _____

Action Taken _____

Signed _____

Date _____

Close Out Has the originator been advised? Yes
No

Date advised: _____

NON-ACADEMIC

Student and Learning Services Manager

Comment _____

Action Taken _____

Signed _____

Date _____

Close Out Has the originator been advised? Yes
No

Date advised: _____

Details have been entered on the student's computer file

Attach copy of correspondence if applicable

Non-Academic Appeals Committee

Comment _____

Action Taken _____

Signed _____

Date _____

Close Out Has the originator been advised? Yes
No

Date advised: _____

Details have been entered on the student's computer file

Date advised: _____

Attach copy of correspondence if applicable