

Student Suggestion/Compliment/ Complaint Form

Student Name:	Contact Number:
Staff member name:	Date:
Course Code and Title:	Term/Dates of course:

Summary of Nature of Suggestion/Compliment/Complaint

Description of Suggestion/compliment/complaint:

If specific situation:

Date:

Time:

Location:

Suggestion for improvement:

Student signature:_____

Date: _____

Office use only: **VET Manager acknowledgement of receipt** Signature:

Date: